

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 314641

1. Entity Name

THE FURNITURE HUB, INC.

FILED

Feb 28, 2000 8:00 am  
Secretary of State

02-28-2000 90075 002 \*\*\*158.75

Principal Place of Business

Mailing Address

141 JOHN SIMS PARKWAY  
VALPARAISO FL 32580

Address  
Change

141 JOHN SIMS PARKWAY  
VALPARAISO FL 32580

2. Principal Place of Business

328 Green Acres Dr  
Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

Same



DO NOT WRITE IN THIS SPACE

|                                      |                   |              |         |   |   |  |
|--------------------------------------|-------------------|--------------|---------|---|---|--|
| City & State<br>DeFuniak Springs, FL |                   | City & State |         | 4. FEI Number<br>59-1163434   | Applied For<br><input type="checkbox"/> | Not Applicable<br><input type="checkbox"/> |
| Zip<br>32433                         | Country<br>Walton | Zip          | Country | 5. Certificate of Status Desired<br><input checked="" type="checkbox"/> | \$8.75 Additional Fee Required          |  |

6. Name and Address of Current Registered Agent

WRIGHT, ROGER H  
141 JOHN SIMS PARKWAY  
VALPARAISO FL 32580

7. Name and Address of New Registered Agent

Name  
William R. Wright  
Street Address (P.O. Box Number is Not Acceptable)  
328 Green Acres Dr  
City  
DeFuniak Springs FL Zip Code  
32433

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE DATE \_\_\_\_\_  
(NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

| 11. OFFICERS AND DIRECTORS              |  | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  |
|---|--|---|--|
| TITLE<br>PD                             | <input type="checkbox"/> Delete            | TITLE<br>S, T, D                                      | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME<br>WRIGHT, ROGER                   |  | NAME<br>William ROGER Wright                          |  |
| STREET ADDRESS<br>141 JOHN SIMS PARKWAY |  | STREET ADDRESS<br>328 Green Acres Dr                  |  |
| CITY-ST-ZIP<br>VALPARAISO FL            |  | CITY-ST-ZIP<br>DeFuniak Springs, FL 32433             |  |
| TITLE<br>STD                            | <input checked="" type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME<br>WRIGHT, JOE                     |  | NAME  |  |
| STREET ADDRESS<br>4600 RANGE ROAD       |  | STREET ADDRESS  |  |
| CITY-ST-ZIP<br>NICEVILLE FL             |  | CITY-ST-ZIP   |  |
| TITLE<br>D                              | <input checked="" type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME<br>WRIGHT, ROGER P.                |  | NAME  |  |
| STREET ADDRESS<br>141 JOHN SIMS PARKWAY |  | STREET ADDRESS  |  |
| CITY-ST-ZIP<br>VALPARAISO FL            |  | CITY-ST-ZIP   |  |
| TITLE                                   | <input type="checkbox"/> Delete            | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                                    |  | NAME  |  |
| STREET ADDRESS                          |  | STREET ADDRESS  |  |
| CITY-ST-ZIP                             |  | CITY-ST-ZIP   |  |
| TITLE                                   | <input type="checkbox"/> Delete            | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                                    |  | NAME  |  |
| STREET ADDRESS                          |  | STREET ADDRESS  |  |
| CITY-ST-ZIP                             |  | CITY-ST-ZIP   |  |
| TITLE                                   | <input type="checkbox"/> Delete            | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                                    |  | NAME  |  |
| STREET ADDRESS                          |  | STREET ADDRESS  |  |
| CITY-ST-ZIP                             |  | CITY-ST-ZIP   |  |

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)