2001 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 06, 2001 8:00 am **DOCUMENT # 342828** Secretary of State 1. Entity Name JR OFFICE FURNITURE & EQUIPMENT CO. 03-06-2001 90294 025 ***150.00 Principal Place of Business Mailing Address 690 N.E. 23RD AVENUE 690 N.E. 23RD AVENUE GAINESVILLE FL 32609 GAINESVILLE FL 32609 C0030975 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-1289142 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name JUNIOR, LINDA D. Street Address (P.O. Box Number is Not Acceptable) 6220 NW 52 LANE **GAINESVILLE FL 32653** City Zip Code 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Addition CR2E034 (10/00 ☐ Change TITLE ☐ Delete TITLE JUNIOR, GARY R. NAME NAME STREET ADDRESS **6220 NW 52ND LANE** STREET ADDRESS CITY-ST-7IP **GAINESVILLE FL** CITY-ST-7IP Addition ☐ Delete Change TITLE TITLE JUNIOR, FRED J. NAME NAME 7523 NW 50TH ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP GAINESVILLE FL .p . _ _ _ _ _ _ _ _ TITLE ~ Delete * TITLE Change - 🛅 Addition-JUNIOR, LINDA D. NAME NAME STREET ADDRESS 6220 NW 52 LANE STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP **GAINESVILLE FL** TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP ☐ Change TITLE ☐ Defete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change 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 periorit 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 true empowered to secure his report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

of the corporation or the receiver or true changed, or on an attachment with a