

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2001 8:00 am
Secretary of State
 04-26-2001 90315 025 ***150.00

DOCUMENT # 492250

1. Entity Name
VERO FURNITURE MART, INC.

Principal Place of Business
**1450 21ST ST.
 VERO BEACH FL 32960-3457**

Mailing Address
**1450 21ST ST.
 VERO BEACH FL 32960-3457**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FSI Number **59-1635770**

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LAWING, MAX C.
 1450 21ST ST.
 VERO BEACH FL 32960**

Name

Street Address (P.O. Box Number is Not Acceptable)

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 re-registering)

DATE

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, 2001 Fee will be \$350.00
 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	D	☐ Delete
NAME	LAWING, MAX C.	
STREET ADDRESS	1450 21ST ST.	
CITY-STATE-ZIP	VERO BEACH FL	
TITLE	D	☐ Delete
NAME	LAWING, GEORGEANNA	
STREET ADDRESS	1450 21ST ST.	
CITY-STATE-ZIP	VERO BEACH FL	
TITLE	V	☐ Delete
NAME	LAWING, DANIEL	
STREET ADDRESS	1450 21ST ST.	
CITY-STATE-ZIP	VERO BEACH FL	
TITLE	P	☐ Delete
NAME	LAWING, JR., MAX C.	
STREET ADDRESS	1450 21ST ST.	
CITY-STATE-ZIP	VERO BEACH FL	
TITLE	S	☐ Delete
NAME	LAWING, MARGHERITA	
STREET ADDRESS	1450 21ST ST	
CITY-STATE-ZIP	VERO BEACH FL	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-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

Margherita Lawing 4/26/01 561-569-1050
 Daytime Phone #

CR2E034 (10/00)