

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 655826

1. Entity Name

FURNITURE SYSTEMS, INC.

Principal Place of Business

4051 SO. US 1
FT. PIERCE FL 34982
US

Mailing Address

4051 SO. US 1
FT. PIERCE FL 34982
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

SHINGARY, JEROME J.
1608 SW HARBOUR ISLES CIR
PT. ST. LUCIE FL 34986

7. Name and Address of New Registered Agent

Name

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

City

FL

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

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

TITLE: P
NAME: SHINGARY, JEROME J
STREET ADDRESS: 1608 SW HARBOUR ISLES CIR
CITY-ST-ZIP: PT. ST. LUCIE FL 34486 ☐ Delete

TITLE: VP
NAME: SHINGARY, SHERRY L.
STREET ADDRESS: 1608 SW HARBOUR ISLES CIR
CITY-ST-ZIP: PT. ST. LUCIE FL 34486 ☐ Delete

TITLE: ST
NAME: SHINGARY, SHERRY
STREET ADDRESS: 1608 SW HARBOUR ISLES CIR
CITY-ST-ZIP: PT. ST. LUCIE FL 34486 ☐ Delete

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

TITLE: ☐ Delete
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STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
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TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-ST-ZIP: ☐ Change ☐ Addition

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:

Sherry L. Shingary
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/11/00 (561) 464-1996
Date Daytime Phone #

FILED

00 SEP 29 AM 10:02

SECRETARY OF STATE
TALLAHASSEE FLORIDA



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1720856

Applied For
Not Applicable

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

CR2E034 (5/00)

KE