

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96387

1. Entity Name

66TH STREET FURNITURE, INC.

Principal Place of Business

4720 66TH ST N
ST PETERSBURG FL 33709
US

Mailing Address

4720 66TH ST N
ST PETERSBURG FL 33709-3114
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-2261427

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BROWN, BRUCE D.
7007 129TH ST
ST. PETERSBURG FL 33776

7. Name and Address of New Registered Agent

Name

BROWN, BRUCE D.

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

7007 129th ST. N.

City

SEMINOLE

FL

Zip Code

33776

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 \$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

TITLE PD ☐ Delete

NAME BROWN, BRUCE
STREET ADDRESS 7007 129 ST. N.
CITY-ST-ZIP SEMINOLE FL 33776

TITLE VPD ☐ Delete

NAME BROWN, SANDRA MCFADDE
STREET ADDRESS 7007 129TH ST. N.
CITY-ST-ZIP SEMINOLE FL 33776

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
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 #

FILED
Mar 16, 2000 8:00 am
Secretary of State

03-16-2000 90084 023 ***150.00



DO NOT WRITE IN THIS SPACE

CD00004 (01/00)

Bruce Brown, Pres 3/13/00 727-546-9657