

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H75642

1. Entity Name

FURNACE SUPPLY CO.

Principal Place of Business

Mailing Address

% MURRAY SILVERMAN, P.A.  
1919 N.E. 45 STREET SUITE 215  
FT LAUDERDALE FL 33308

% MURRAY SILVERMAN, P.A.  
1919 N.E. 45 STREET SUITE 215  
FT LAUDERDALE FL 33308-5136

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LUNDQUIST, STANLEY F.  
490 S.E. 19TH AVENUE #301W  
POMPANO BEACH FL 33060

Name MURRAY SILVERMAN, CPA

Street Address (P.O. Box Number is Not Acceptable)  
1919 N.E. 45 ST. #215

City FT. LAUDERDALE FL Zip Code 33308

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

*Murray Silverman, CPA*

2/4/00

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 PD ☒ Delete  
NAME LUNDQUIST, STANLEY F.  
STREET ADDRESS 490 SE 19TH AVE  
CITY-ST-ZIP POMPAO BEACH FL

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

TITLE VD ☐ Delete  
NAME LUNDQUIST, VIOLA E.  
STREET ADDRESS 490 SE 19TH AVE  
CITY-ST-ZIP POMPAO BEACH FL

TITLE PD ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE DST ☐ Delete  
NAME JOHNSON, GLADYS B.  
STREET ADDRESS 5200 N OCEAN BLVD, #1205  
CITY-ST-ZIP FT LAUDERDALE FL

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
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:

*Viola E. Lundquist*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

VIOLA LUNDQUIST

2/4/00 (954) 491-3292  
Date Daytime Phone #

**FILED**  
**Feb 08, 2000 8:00 am**  
**Secretary of State**

02-08-2000 90037 021 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2580734 Applied For Not Applicable

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