

2001 UNIFORM BUSINESS REPORT (UBR)

0386891

DOCUMENT # H76094

1. Entity Name

LARRY NORRIS FURNITURE GALLERY AND WALL UNIT SHO

FILED

01 FEB 22 PM 12:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

14181 S TAMiami TRAIL
FT. MYERS FL 33912

14181 S TAMiami TRAIL
FT. MYERS FL 33912

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-2580891

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

COOK, LARRY
14831 PARK LAKE DRIVE PH2
FORT MYERS FL 33919

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 \$150.00
After MAY 1, 2001 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 V
NAME GRANT, RICKY
STREET ADDRESS 1885 TWIN PONDS DR
CITY-ST-ZIP HICKORY NC 28602

TITLE Director
NAME Infield Judith
STREET ADDRESS 4790 S. Cleveland Ave #1106
CITY-ST-ZIP Ft Myers FL 33907

TITLE P
NAME HENDRICKS, LARRY
STREET ADDRESS 1094 14TH AVE DRIVE NW
CITY-ST-ZIP HICKORY NC 28601

TITLE Director
NAME Dennis Marguerite
STREET ADDRESS 5332 Grand Cypress Circle #103
CITY-ST-ZIP Naples FL 34109

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
600003782796-15
-02/27/01--01077-014
*****150.00 *****150.00

TITLE
NAME
STREET ADDRESS
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TITLE
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 #

2/14/01 888-345-5200

CR2E034 (10/00)