

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2003 8:00 am
Secretary of State

05-06-2003 90030 008 ***150.00

DOCUMENT # H76094

1. Entity Name
**LARRY NORRIS FURNITURE GALLERY AND WALL UNIT SHO
PPE, INC.**



Principal Place of Business
**14181 S TAMAMI TRAIL
FT. MYERS FL 33912**

Mailing Address
**14181 S TAMAMI TRAIL
FT. MYERS FL 33912**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2580891**

Applied For
Not Applicable

Zip

Country

Zip

Country

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **V** ☐ Delete
NAME **GRANT, RICKY**
STREET ADDRESS **1885 TWIN PONDS DR**
CITY-ST-ZIP **HICKORY NC 28602**

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

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

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

TITLE **D** ☐ Delete
NAME **INFELD, JUDITH**
STREET ADDRESS **4790 S. CLEVELAND AVE., #1106**
CITY-ST-ZIP **FT. MYERS FL 33907**

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

TITLE **D** ☐ Delete
NAME **MARGARETTE, DENNIS**
STREET ADDRESS **5332 GRAND CYPRESS CIRCLE #103**
CITY-ST-ZIP **NAPLES FL 34109**

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

Larry G Hendricks

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/2/03 828 345 5270
Date Daytime Phone #

CR2E034 (10/02)



Attachment
90130543
H76094

May 2, 2003

Florida Department of State
Division of Corporations
Uniform Business Report Filings
PO Box 1500
Tallahassee FL 32302-1500

Dear Sir or Madam:

Enclosed is our Uniform Business Report filing. I respectfully request that you waive the \$400.00 fee for late filing. The person who normally handles these reports has been out on maternity leave and unfortunately they did not get filed in her absence.

Enclosed is the check for \$150.00. If you have any questions, I can be reached directly at 828-345-5270.

Sincerely,

Trisha Waters

Trisha Waters
Controller