

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H82412

1. Entity Name
FURNITURE BEAUTY NOOK, INC.

Principal Place of Business

C/O VERA GAMBLE
112 S. U.S. HWY. 1
FORT PIERCE FL 34950

Mailing Address

C/O VERA GAMBLE
112 S. U.S. HWY. 1
FORT PIERCE FL 34950

2. Principal Place of Business

112 So. U.S. Hwy. 1
Suite, Apt. #, etc.

3. Mailing Address

112 So. U.S. Hwy. 1
Suite, Apt. #, etc.

City & State
Ft. Pierce, FL

Zip
34950

Country

St. Lucie

City & State
Ft. Pierce FL

Zip
34950

Country

St. Lucie

6. Name and Address of Current Registered Agent

GAMBLE, VERA J.
112 S. U.S. HWY. 1
FORT PIERCE FL 34950

4. FEI Number 59-2610766

Applied For
Not Applicable

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

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 \$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

TITLE PD
NAME EVANS, HELEN P.
STREET ADDRESS 505 N. 16TH ST.
CITY-ST-ZIP FORT PIERCE FL ☐ Delete

TITLE STD
NAME GAMBLE, VERA J.
STREET ADDRESS 1806 AVENUE M
CITY-ST-ZIP FORT PIERCE FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

TITLE
NAME
STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-01

Date

561-464-4981

Daytime Phone #

CR2E034 (10/00)



DO NOT WRITE IN THIS SPACE

FILED

May 07, 2001 8:00 am
Secretary of State

05-07-2001 90061 029 ***150.00