

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2002 8:00 am
Secretary of State

03-20-2002 90042 048 ***150.00

00363630 AV

DOCUMENT # H90222

1. Entity Name
RITA'S FURNITURE, INC.

Principal Place of Business

Mailing Address

**209 W S PARK ST
 OKEECHOBEE FL 34972**

**209 W S PARK ST
 OKEECHOBEE FL 34972**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

704 N. PARROT AVE
 Suite, Apt. #, etc.

SAM
 Suite, Apt. #, etc.

City & State

OKEECHOBEE

34972

Country

OK EE

City & State

SAM

34972

Country

OK EE

4. FEI Number

59-2616986

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**KOGER, RITA A.
 209 US PARK ST.
 OKEECHOBEE FL 34972**

7. Name and Address of New Registered Agent

Name **RITA A. KOGER**
 Street Address (P.O. Box Number is Not Acceptable)
704 N. PARROT AVE
OKEECHOBEE FLORIDA
 City **FL** Zip Code **34972**

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 _____ (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, 2002 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 **KOGER, RITA A.**
 STREET ADDRESS **209 US PARK ST.**
 CITY-ST-ZIP **OKEECHOBEE FL**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **704 N. PARROT AVE**
 CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
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 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: **R. A. KOGER**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/8/02 **(863) 467-1555**
 Date Daytime Phone #

CR2034 (9/01)