

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 16, 2001 8:00 am
Secretary of State

01-16-2001 90085 003 ***150.00

00000490



DO NOT WRITE IN THIS SPACE

DOCUMENT # J90790				<div style="text-align: center;"> <p>FILED</p> <p>Jan 16, 2001 8:00 am</p> <p>Secretary of State</p> <p>01-16-2001 90085 003 ***150.00</p> <p>00000490</p> <p>DO NOT WRITE IN THIS SPACE</p> </div>			
1. Entity Name FURNITURE CLASSICS, INC.							
Principal Place of Business 999 DOUGLAS AVE STE 2221 ALTAMONTE SPRINGS FL 32714		Mailing Address 999 DOUGLAS AVE STE 2221 ALTAMONTE SPRINGS FL 32714					
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.					
City & State		City & State		4. FEI Number 59-2847702		Applied For <input type="checkbox"/> Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent ANTHONY, ROBERT W 14 E WASHINGTON ST #500 ORLANDO FL 32802				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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>							
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> (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. <input type="checkbox"/> \$5.00 May Be Added to Fees	
11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	DST <input type="checkbox"/> Delete			TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KNUDSEN, KNUD P.			NAME			
STREET ADDRESS	460 WEBSTER AVE			STREET ADDRESS			
CITY-ST-ZIP	WINTER PARK FL			CITY-ST-ZIP	32789		
TITLE	PO <input type="checkbox"/> Delete			TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PHILLIPPS, JENNIFER			NAME			
STREET ADDRESS	1288 GLENCREST DRIVE			STREET ADDRESS			
CITY-ST-ZIP	HEATHROW FL			CITY-ST-ZIP	32746		
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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: <i>Jennifer L. Phillipps</i> Jennifer L. Phillipps, Pres.				Date: 1-8-2001		Daytime Phone #: 407-682-3353	

CR2E034 (10/00)