

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# K11932

FILED
Sep 05, 2003
Secretary of State

Entity Name: MARKS FURNITURE COMPANY, INC.

Current Principal Place of Business:

5078 BAYOU BLVD
PENSACOLA, FL 325032522

New Principal Place of Business:

Current Mailing Address:

5955 AIRPORT BLVD
LA-Z-BOY FURN GALLERY
MOBILE, AL 36608 US

New Mailing Address:

P.O. BOX 960
LA-Z-BOY FURN GALLERY
GENEVA, AL 36340 US

FEI Number: 63-0971340

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARKS, DAVID S., III
5078 BAYOU BLVD
PENSACOLA, FL 32504 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MARKS, DAVID S., III,
Address: 3720 KENTAN DR
City-St-Zip: MOBILE, AL

Title: D () Delete
Name: MARKS, LISA S.,
Address: 3720 KENTAN DR
City-St-Zip: MOBILE, AL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: HOLLY PARKER,
Address: 661 HALIFAX DR
City-St-Zip: MOBILE, AL 36609 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HOLLY PARKER

D

09/05/2003

Electronic Signature of Signing Officer or Director

_____ Date