

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 11, 2002 8:00 am
Secretary of State

09-11-2002 90126 023 ***150.00

DOCUMENT # K15860

1. Entity Name

CONTEMPORARY FURNITURE & FRAMING, INC.

Principal Place of Business

**6419 HUDSON BAY LANE
 LAKE WORTH FL 33466**

Mailing Address

**6419 HUDSON BAY LANE
 LAKE WORTH FL 33466**

2. Principal Place of Business

3. Mailing Address

11161 FAIRLAWN DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

PARMA, OHIO

Zip

Country

Zip

Country

44130 Cuyahoga

4. FEI Number

65-0042036

Applied For

Not Applicable

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

**FOX, CINDY L.
 6419 HUDSON BAY LANE
 LAKE WORTH FL 33466**

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

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 \$550.00
 After September 13, 2002 Fee will be \$750.00
 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST FOX, CINDY L. 6419 HUDSON BAY LANE LAKE WORTH FL 33466	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FOX, CINDY L. 6419 HUDSON BAY LANE LAKE WORTH FL 33466	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sept. 5, 2002 (303) 810-2725

CR2E034 (4/02)

Attachment

979728

K15860

Contemporary Furniture + Framing, Inc.

To whom it may concern. I recently flew down to Ft. to look at a job stopped at my house to check on everything.

To my surprise I found the second notice in the office. To my knowledge no one has ever seen the first mailing.

I am sending the form back with first payment and a change of mailing address so this will not happen again.

Thank You for your time, any problem with the filing call (303) 8102725 or mail correspondence to new mailing address.

Thank You,
Cindy L. Fox
Cindy L. Fox