

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **K76387**

1. Entity Name  
**THE FURNITURE DOCTORS OF CENTRAL FLORIDA, INC.**

FILED

02 OCT 23 AM 11:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

% JOANNE DOW  
5800 8 AIRPORT ROAD  
SEBRING FL 33870

Mailing Address

% JOANNE DOW  
5800 8 AIRPORT ROAD  
SEBRING FL 33870

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2960575

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

DOW, JOANNE  
5800 8- AIRPORT ROAD  
SEBRING FL 33870

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **DOW, JAMES M.**  
CITY-ST-ZIP **4507 DUFFER LOOP**  
**SEBRING FL 33872**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**500008547405**  
**10/23/02--01066--003 \*\*150.00**

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **DOW, JOANNE**  
CITY-ST-ZIP **4507 DUFFER LOOP**  
**SEBRING FL 33872**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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:

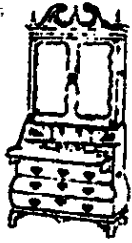
**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**Oct. 20, 02** **863-655-3010**

CR2E034 (9/01)



**THE  
FURNITURE  
DOCTORS**

5800-8 Airport road - Sebring, FL 33870 - Phone (863) 655-3010

October 20, 2002

Florida Dept. of State  
Division of Corporations  
P. O. Box 1500  
Tallahassee, FL 32302-1500

Re: Late Filing of Uniform Business Report

To Whom It May Concern:

As a Florida Business for 21 years and a Florida Corporation for 15 years, we have always met our filing reports on a timely basis. I am asking for forgiveness for the late filing of the Uniform Business Report.

Severe illness, cronic kidney disease and coronary heart disease of my husband has left us on a continuous journey to and from doctors. With dialysis treatment three times a week, I'm generally pulled in many directions.

If you require paperwork to substantiate this claim, kindly request it and we will contact our physicians.

I have enclosed a check for \$150.00 along with the form.

Thanking you in advance for your kind consideration.

Sincerely,

Joanne Dow  
Secretary-Treasurer

Enclosures