

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 18, 2001 8:00 am
Secretary of State

04-18-2001 90037 002 ***150.00

DOCUMENT # P00000010547

1. Entity Name
FURNITURE OUTLET, INC.

Principal Place of Business

**106 N OSCEOLA AVE
INVERNESS FL 34450**

Mailing Address

**106 N OSCEOLA AVE
INVERNESS FL 34450**

2. Principal Place of Business

5150 COMMERCIAL WAY

Suite, Apt. #, etc.

N/A

3. Mailing Address

Suite, Apt. #, etc.

SAME

City & State

SPRINGHILL FLORIDA

City & State

SAME

Zip

Country

34606

HERNANDO

Zip

Country

4. FEI Number

59-3646343

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**KOVACH, MICHAEL T
106 N OSCEOLA AVE
INVERNESS FL 34450**

7. Name and Address of New Registered Agent

Name

SHELIA S. PHELPS

Street Address (P.O. Box Number is Not Acceptable)

13024 FELLOWSHIP LN.

City

BROOKSVILLE

FL

Zip Code

34614

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

SHELIA S. PHELPS

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, 2001 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	D	<input checked="" type="checkbox"/> Delete
NAME	KOVACH, MICHAEL	
STREET ADDRESS	106 N OSCEOLA AVE	
CITY-ST-ZIP	INVERNESS FL 34450	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HANK PHELPS	
STREET ADDRESS	13024 FELLOWSHIP LN.	
CITY-ST-ZIP	BROOKSVILLE, FL 34614	
TITLE	V	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MIKE FAVA	
STREET ADDRESS	7465 GALLOWAY RD.	
CITY-ST-ZIP	SPRING HILL, FL 34613	
TITLE	S/T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHELIA S. PHELPS	
STREET ADDRESS	13024 FELLOWSHIP LN.	
CITY-ST-ZIP	BROOKSVILLE, FL 34614	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SHELIA S. PHELPS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4-

(352) 592-5150
(352) 754-9309

CR2E034 (10/00)