2002 Uniform Business Report (UBR)

Mar 27, 2002 8:00 am & Secretary of State P00000022803 DOCUMENT # 1. Entity Name 03-27-2002 90017 022 ***150.00 OFFICE FURNITURE ASSOCIATES, INC. Principal Place of Business Mailing Address 625 EXECUTIVE DRIVE 8714 ASPEN DRIVE WINTER PARK FL 32709 ORLANDO FL 32817 2. Principal Place of Business 3. Mailing Address 4200 5. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3638369 lasselbell Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required --6.-Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PIERCEFIELD, DAVID S Street Address (P.O. Box Number is Not Acceptable) 230 LOOKOUT PLACE, STE 200 MAITLAND FL 32751 City Zip Code FL 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 agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change ☐ Addition FAIRCHILD, CARL NAME NAME STREET ADDRESS 8714 ASPEN AVENUE STREET ADDRESS ORLANDO FL 32817 CITY-ST-ZIP CITY-ST-ZIP **VP** TITLE ☐ Detete TITLE ☐ Change ☐ Addition NAME KING, JAMES H NAME STREET ADDRESS 2500 LEE ROAD 226 STREET ADDRESS CITY-ST-ZIP WINTER PARK FL 32789 CITY-ST-ZIP TITLE Delete TITLE ☐ Change - Addition NAME SLEVIN, JOHN NAME STREET ADDRESS 438 MC KINLEY AVENUE STREET ADDRESS CITY-ST-ZIP **CHARLESTON WV 25314** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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

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SIGNATURE:

changed, or on an attachmen

with an address, with all