## 2002 UNIFORM BUSINESS REPORT (UBR)

## **FILED** May 08, 2002 8:00 am Secretary of State DOCUMENT # P00000064005 1. Entity Name SQUIRREL'S NEW & USED OFFICE FURNITURE, INC. 05-08-2002 90051 039 \*\*\*150.00 Principal Place of Business Mailing Address 3613 N.W. 19TH STREET 3613 N.W. 19TH STREET R0091961 LAUDERDALE LAKES FL 33311 LAUDERDALE LAKES FL 33311 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-1021233 Not Applicable Zip 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 Name ROGERS, PRESTON SR. Street Address (P.O. Box Number is Not Acceptable) 3613 N.W. 19TH STREET LAUDERDALE LAKES FL 33311 City Zip Code FI 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing Tax filing requirement and elects to do so. \$5.00 May Be After May 1, 2002 Fee will be \$550.00 (See criteria on back) Trust Fund Contribution Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Delete TITLE CR2E034 (9/01) ☐ Change ☐ Addition NAME ROGERS, PRESTON SR. NAME STREET ADDRESS 3613 N.W. 19TH STREET STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP LAUDERDALE LAKES FL 33311 TITLE Delete TITLE STD ☐ Change ☐ Addition NAME ROGERS, NAOMI NAME STREET ADDRESS STREET ADDRESS 3613 N.W. 19TH STREET CITY-ST-7IP CITY-ST-ZIP LAUDERDALE LAKES FL 33311 ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 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 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 attachmate with an address with all other like empowered.

SIGNATURE: