

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 12, 2001 8:00 am**  
**Secretary of State**

02-12-2001 90227 031 \*\*\*150.00

**DOCUMENT # P00000073996**

1. Entity Name  
**THE FURNITURE STORE OF N. FT. MYERS INC.**

Principal Place of Business 2621 FOWLER STREET FORT MYERS FL 33901	Mailing Address 2621 FOWLER STREET FORT MYERS FL 33901
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2. Principal Place of Business <b>1846 N. Tamiami Trail</b> Suite, Apt. #, etc.	3. Mailing Address <b>1846 N. Tamiami Trail</b> Suite, Apt. #, etc.
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City & State <b>N. Ft. Myers, Fl.</b>	City & State <b>N. Ft. Myers, Fl.</b>	4. FEI Number <b>65-1026161</b>	Applied For <input checked="" type="checkbox"/> Not Applicable
Zip <b>33903</b>	Country <b>Lee</b>	Zip <b>33903</b>	Country <b>Lee</b>



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent <b>CARY, DAVID W</b> <b>1325-C DEL PRADO BLVD.</b> <b>CAPE CORAL FL 33990</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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 \_\_\_\_\_ (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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>LAWRENCE, KENNETH S</b> <b>2621 FOWLER STREET</b> <b>FORT MYERS FL 33901</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P/V</b> <b>Timothy S. LAWRENCE</b> <b>1631 8th PLACE</b> <b>CAPE CORAL, FL. 33991</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **Timothy S. LAWRENCE** *Timothy S. Lawrence* 2-8-01 **656-4744** (941)  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)