

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90122 004 ***158.75

DOCUMENT # P00000106432

1. Entity Name

RETAIL FURNITURE PROMOTIONS, INC.

Principal Place of Business

**12456 MACAW DRIVE
 JACKSONVILLE FL 32223**

Mailing Address

**12456 MACAW DRIVE
 JACKSONVILLE FL 32223**

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

59-3686495

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

**HOLMQUIST, ROBERT
 12456 MACAW DRIVE
 JACKSONVILLE FL 32223**

7. Name and Address of New Registered Agent

Name **Holmquist, Robert**

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

216 Belmont Dr

City **Jacksonville**

FL

Zip Code **32259**

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

Robert Holmquist

Robert Holmquist

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	D	<input type="checkbox"/> Delete
NAME	HOLMQUIST, ROBERT	
STREET ADDRESS	12456 MACAW DRIVE	
CITY-ST-ZIP	JACKSONVILLE FL 32223	
TITLE	D	<input type="checkbox"/> Delete
NAME	HOLMQUIST, ROSEMARY	
STREET ADDRESS	12456 MACAW DRIVE	
CITY-ST-ZIP	JACKSONVILLE FL 32223	
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	Holmquist, Robert	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Holmquist, Robert	
STREET ADDRESS	216 Belmont Dr	
CITY-ST-ZIP	Jacksonville FL 32259	
TITLE	Holmquist, Rosemary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Holmquist, Rosemary	
STREET ADDRESS	216 Belmont Dr	
CITY-ST-ZIP	Jacksonville FL 32259	
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		
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:

Robert S Holmquist
Robert S Holmquist

Date

1-26-02

Daytime Phone #

904610 6362

CR2E034 (9/01)