

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 91215 003 ***150.00

DOCUMENT # *P01000010497*

1. Entity Name

Furniture Now, Inc.

DO NOT WRITE IN THIS SPACE

666248

2. Principal Place of Business

509 W. Brandon Blvd.

Suite, Apt. #, etc.

3. Mailing Address

509 W. Brandon Blvd.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Brandon, FL

City & State

Brandon, FL

4. FEI Number

74-3031621

Applied For

Not Applicable

Zip

33511

Country

U.S.A.

Zip

33511

Country

U.S.A.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

George LaFauci

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

509 W. Brandon Blvd.

City

Brandon

FL

Zip Code

33511

**DO NOT WRITE
IN THIS SPACE**

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)

DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY - ST - ZIP
*Director
George LaFauci
3304 Fox Squirrel Lane
Valrico, FL 33594*

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

George LaFauci

Date

4/29/02

Daytime Phone #

813 443-9949

CR2E034B (12/01)