

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 11, 2003 8:00 am
Secretary of State

09-11-2003 90081 005 ***550.00

0004856 AV

DOCUMENT # P01000019114

1. Entity Name

AMERICAN CONSIGNMENT FURNITURE, INC.



Principal Place of Business

**29 S. 12TH STREET
JACKSONVILLE BEACH FL 32250**

Mailing Address

**29 S. 12TH STREET
JACKSONVILLE BEACH FL 32250**

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

59-3702635

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**AUKENS, JANE
29 S. 12TH STREET
JACKSONVILLE BEACH FL 32250**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00

**After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution: ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	AUKENS, JANE	29 S 12TH STREET	JACKSONVILLE BEACH FL 32250	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
V	STEVEN A. AUKENS	29 12 th STREET SO.	JACKSONVILLE BEACH FL 32250	<input type="checkbox"/>	<input checked="" type="checkbox"/>
T	ERIC AUKENS	29 12 th STREET SO.	JACKSONVILLE BEACH FL 32250	<input type="checkbox"/>	<input checked="" type="checkbox"/>
S	MICHAEL AUKENS	29 12 th STREET SO	JACKSONVILLE BEACH FL 32250	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	KATHERINE BARTELL	29 12 th STREET SO	JACKSONVILLE BEACH FL 32250	<input type="checkbox"/>	<input checked="" type="checkbox"/>
C	JAMIE AUKENS	29 12 th STREET SO	JACKSONVILLE BEACH FL 32250	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JANE AUKENS

9-8-03

904-249-9200

Date

Daytime Phone #

CR2E034 (4/03)