

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 15, 2002 8:00 am
Secretary of State

01-15-2002 90084 017 ***150.00

DOCUMENT # P01000030353

1. Entity Name
THRIFTY NORMAN'S FURNITURE OUTLET, INC.

Principal Place of Business 5332 SW 11TH PLACE CAPE CORALS FL 33914	Mailing Address 5332 SW 11TH PLACE CAPE CORALS FL 33914
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104000



DO NOT WRITE IN THIS SPACE

4. FEI Number 31-1769559	Applied For <input type="checkbox"/> Not Applicable
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Zip 33901	Country LEE	Zip 33901	Country LEE	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**SCHREIBER, NORMAN
 5332 SW 11TH PLACE
 CAPE CORALS FL 33914**

7. Name and Address of New Registered Agent

Name **SCHREIBER, NORMAN**
 Street Address (P.O. Box Number is Not Acceptable)
3263 CLEVELAND
 City **FT MYERS, FL** Zip Code **33901**

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 **NORMAN SCHREIBER, PRES** DATE **1/8/02**
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 Tax filing requirement and elects to do so. <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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**PRESIDENT
 NORMAN SCHREIBER
 5332 SW 11TH PLACE
 CAPE CORAL, FL 33914**

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: **NORMAN SCHREIBER** DATE **1/8/02** PHONE # **1-941-939-4222**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CP2E034 (9/01)