

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2003 8:00 am
Secretary of State

03-28-2003 90104 019 ***150.00

DOCUMENT # P01000031552

1. Entity Name
STEVE'S FURNITURE SERVICE, INC.



Principal Place of Business
**1119 48TH ST., UNIT BAY 12A
W. PALM BCH FL 33407**

Mailing Address
**1119 48TH ST., UNIT BAY 12A
W. PALM BCH FL 33407**



2. Principal Place of Business
1119 48th ST. Bay 12A

3. Mailing Address
1119 48th ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Bay 12A

Bay 12A

City & State
W.P.B. FL.

City & State
W.P.B. FL.

Zip
33407

Country
P.B.

Zip
33407

Country
P.B.

4. FEI Number **65-1083786**

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

**KELLY, STEVE
14155 86TH RD. N.
LOXAHATCHEE FL 33470**

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

(NOTE: Registered Agent signature required when reinstating)

3-25-03
DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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 **D** ☐ Delete
NAME **KELLY, STEVE**
STREET ADDRESS **14155 86TH RD. NORTH**
CITY-ST-ZIP **LOXAHATCHEE FL 33470**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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 FILING OFFICER OR DIRECTOR

3-25-03 561-845-7723

Date Daytime Phone #

CR2E034 (10/02)