

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

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91513 033 ***158.75

DOCUMENT # P01000034652

1. Entity Name

Contrax Furnishings, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

690 N. E. 23rd Avenue

3. Mailing Address

690 N. E. 23rd Avenue

Suite, Apt. #, etc.

Suite A

Suite, Apt. #, etc.

Suite A

City & State

Gainesville, Florida

City & State

Gainesville, Florida

4. FEI Number

59-3710754

Applied For

Not Applicable

Zip

32609-3708

Country

USA

Zip

32609-3708

Country

USA

5. Certificate of Status Desired

XX

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

PhillipsA-Delaney

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

4041 N. W. 37th Place, Suite B

City

Gainesville,

FL

Zip Code

32609-3708

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	P William Ignatious Latham, III 12704 S. W. 28th Place Archer, Florida 32618	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Fred John Junior, II 7523 N. W. 50th Street Gainesville, Florida 32653	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T John Gary Crawford 2239 N. W. 21st Avenue Gainesville, Florida 32605	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**DO NOT WRITE
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:

William I. Latham III

William I. Latham, III

3/25/2002

(352) 373-7516

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)