

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

04-28-2003 91376 045 ***150.00

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DOCUMENT # P01000036988

1. Entity Name
FURITE, INC.



Principal Place of Business
**27 S ORANGE AVE
SARASOTA FL 34236**

Mailing Address
**27 S ORANGE AVE
SARASOTA FL 34236**



2. Principal Place of Business
901 Venetia Bay Blvd.

3. Mailing Address
901 Venetia Bay Blvd.

Suite, Apt. #, etc.
Suite 252

Suite, Apt. #, etc.
Suite 252

☒ CHECK HERE IF MAKING CHANGES

City & State
Venice FLORIDA

City & State
Venice FLORIDA

4. FEI Number
65-1104492

Applied For
Not Applicable

Zip
34292

Country
U.S.A. SARASOTA CTY.

Zip
34292

Country
U.S.A. SARASOTA CTY.

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**JOHNSON, ROBERT M
27 S ORANGE AVE
SARASOTA FL 34236**

7. Name and Address of New Registered Agent

Name **Annette Z. P. Ross**

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

901 Venetia Bay Blvd.

Suite 252

City **Venice**

FL

Zip Code
34292

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 **4-24-03**

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 **DPST**
NAME **JOHNSON, ROBERT M**
STREET ADDRESS **27 S ORANGE AVE**
CITY-ST-ZIP **SARASOTA FL 34236** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DPST**
NAME **ROSS, ANNETTE Z.P.**
STREET ADDRESS **901 Venetia Bay Blvd. Suite 252**
CITY-ST-ZIP **Venice, FL 34292** ☒ Change ☐ Addition

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

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **4-24-03**

DAYTIME PHONE # **941-480-1948**

Date Daytime Phone #

CF2E034 (10/02)