2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

P01000079651 **DOCUMENT #**

1. Entity Name

J.C. WHITE OFFICE FURNITURE, INC.



FILED Feb 10, 2003 8:00 am Secretary of State

02-10-2003 90246 039 ***158.75



Principal Place 3501 COMMER MIRAMAR FL	RCE PARKWAY		3501	Mailing Address 3501 COMMERCE PARKWAY MIRAMAR FL 33025									
2. Principal P	lace of Busine	988	3. Mai	3. Mailing Address					111 80 101 11014 0011	00111 40115 B0111 IB		B)(81 118) 195)	
Suite, Apt.	#, etc.		Suite	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES					
City & State			City	City & State			4	4. FEI Number NOT APPLICABLE Applied Fo				·	
Zip Country			Zip	Zip Co			5	5. Certificate of Status Desired \$8.75 Additional				ditional	
	6. Name	and Address of Curre	ent Registere	d Agent	<u> </u>	1	7	. Name and A	ddress of Nev	v Registered A	<u> </u>		
						Name same							
KIRSNER,	VICKI L												
200 SW 1	2th avenu	Ε					Street Address (P.O. Box Number is Not Acceptable) 3501 Commerce Parkway						
POMPANO) beach fl	. 33069	•									ŀ	
							City Miramar,			FL	Zip Cod	le O.F.	
9. The above	named entity	submits this statemen	at for the ourn	ose of changing its	rogister				in the State of	Florida Lam fa	330		
	ions of registe		it for the purp	ose or changing its	register	Da Omico or	regioterea	agent, or both,		rionoa. ramie		and dooopt	
SIGNATURE .	Signature, typed o	r printed name of registered ag	gent and title if app	licable. (NOTI	E: Registere	d Agent signatu	re required whe	en reinstating)		DATE			
After	r May 1, 200	FEE IS \$150.00 3 Fee will be \$550. Florida Departmen		f State					ion Campaign Fund Contribu			00 May Be d to Fees	
10.		OFFICERS A	ND DIRECTO	D DIRECTORS 11.				ADDITIONS/C	HANGES TO C	FFICERS AND			
TITLE NAME	D Kirsner, 1	IRWIN		☐ Delete	TITLE						[XChange add:	ress	
STREET ADDRESS	TADDRESS 200 SW 12TH AVENUE							1 Comme	erde Pa	rkwav			
CITY-ST-ZIP						-ST-ZIP		amar,			5		
TITLE NAME	D KIRSNER,			☐ Delete	TITLE	E		1 Comme			XChange addr	Addition ess	
STREET ADDRESS CITY-ST-ZIP		TH AVENUE Beach Fl 33069				STREET ADDRESS CITY-ST-ZIP		Miramar, Florida 33025					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1 01411 7440	OL OFF T LOOSE		☐ Delete	TITLE NAM STRE	E .					☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				□ Delete							☐ Change	☐ Addition	
TITLÉ NAME Street address City-St-Zip				☐ Delete							☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete							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:

Kirsner

Daytime Phone #