

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

**FILED**  
**May 15, 2002 8:00 am**  
**Secretary of State**

05-15-2002 90100 016 \*\*\*150.00

DOCUMENT # P01000083581

1. Entity Name

THE Future Furniture, Inc. ✓

659785

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

6022 E Colonial Dr

Suite, Apt. #, etc.

3. Mailing Address

same

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Orlando FL

City & State

Orlando FL

4. FEI Number

59-3743229

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name ELWIN Franklin

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

6022 E Colonial Dr

City Orlando, FL

Zip Code 32807

**DO NOT WRITE  
IN THIS SPACE**

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

*Elwin Franklin*

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

(NOTE: Registered Agent signature required when reconstituting)

4/12/02

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

President  
ELWIN Franklin  
6022 E Colonial Dr  
Orlando, FL 32807

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

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CITY- ST- ZIP

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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:

*Elwin Franklin*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/02

DATE

(407)3842234

Daytime Phone #

CR2E034B (12/01)