

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 14, 2002 8:00 am
Secretary of State

01-14-2002 90042 050 ***150.00

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DOCUMENT # P01000086847

1. Entity Name

SECOND CHANCE HOME FURNISHINGS, INC.

Principal Place of Business

**2943 SW 3RD TERR.
 OKEECHOBEE FL 34974**

Mailing Address

**2943 SW 3RD TERR.
 OKEECHOBEE FL 34974**

2. Principal Place of Business

2947 SW 3RD TERR.

Suite, Apt. #, etc.

3. Mailing Address

2947 SW 3RD TERR.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

OKEECHOBEE FL

City & State

OKEECHOBEE FL

4. FEI Number

65-1136292

Applied For

Not Applicable

Zip

34974

Country

OKEECHOBEE

Zip

34974

Country

OKEECHOBEE

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**GEHLE, KAREN
 2943 SW 3RD TERR.
 OKEECHOBEE FL 34974**

7. Name and Address of New Registered Agent

Name

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

2947 SW 3RD TERR.

City

OKEECHOBEE

FL

Zip Code

34974

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

Karen S. Gehle **KAREN S. GEHLE Pres**

1-7-02

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) ☐

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 Fee will be \$550.00
 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	D	<input type="checkbox"/> Delete
NAME	GEHLE, KAREN	
STREET ADDRESS	84 MAPLE ST.	
CITY-ST-ZIP	OKEECHOBEE FL 34974	
TITLE	D	<input type="checkbox"/> Delete
NAME	GEHLE, RICHARD	
STREET ADDRESS	84 MAPLE ST.	
CITY-ST-ZIP	OKEECHOBEE FL 34974	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Karen S. Gehle **KAREN S. GEHLE Pres**

1-7-02

863-763-6886

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)