2003 FOR PROFIT CORPORATION

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P01000089736 1. Entity Name FAMILY FURNITURE OUTLET INC				FILED Sep 15, 2003 8:00 am Secretary of State 09-15-2003 90150 009 ***150.00
Principal Place of Business 840 E. MEMORIAL BLVD. LAKELAND FL 33801		Mailing Address 840 E. MEMORIAL BLV LAKELAND FL 33801	70.	
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK, HERE IF MAKING CHANGES
City & Stat	ee	City & State		4. FEI Number 59-3743966 Applied For Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired
	6. Name and Address of Current F	egistered Agent		7. Name and Address of New Registered Agent
			Name	
Tremaine, Deborah 170 avery Dr. e			Street Address	s (P.O. Box Number is Not Acceptable)
	NY DN. E DALE FL 33823			
AUDUNN	JALE FL 33023		City	FL Zip Code
the obligated SIGNATURE F After Se Make Check	Signature, typed or printed name of registered agent and ILE NOW!!! FEE IS \$550.00 ptember 10, 2003 Fee will be \$750.00 k Payable to Florida Department of	d title if applicable. (N	IOTE: Registered Agent signaturé requir	9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees
TITLE	OFFICERS AND D	Delete	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Change Addition
NAME STREET ADDRESS CITY-ST-ZIP	TREMAINE, DEBORAH 4789 JULIANA RESERVES DR AUBURNDALE FL 33823	∟ Delete	NAME STREET ADDRESS CITY-ST-ZIP	_ Change _ Audinon ;
TITLE NAME STREET ADDRESS CHY-ST-ZIP	VP TREMAINE, DAVID 4789 JULIANA RESERVES DR AUBURNDALE FL 33823	☐ Delețe	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

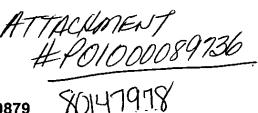
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same 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:

843 802 6800

KELLEY BOOKKEEPING 3270 NELSON AVE DOVER, FL 33527

Tel: (813) 659-2260 Fax: (813) 659-0879 e-mail: KELLEYTAXES@AOL.COM



Memo

09/10/2003					
FLORIDA DEPARTMENT OF STATE-DIVISION OF CORPORATIONS					
DBORAH TREMAINE					
Subject: FAMILY FURNITURE OUTLET INC					
TO WHOM IT MAY CONCERN;					
THIS IS THE FIRST NOTICE I RECIEVED FOR THE ANNUAL CORPORATE FEE.					
ENCLOSED YOU WILL FIND A CHECK FOR \$150.00. PLEASE WAIVE THE LATE					
CHARGES, AS I DID NOT RECEIVE ANYTHING EXCEPT THIS NOTICE.					
THANK YOU					
FURNITURE OUTLET INC					
FED ID # 59-3743966					
(Worah Minany					
·					