

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 15, 2003 8:00 am**  
**Secretary of State**

09-15-2003 90150 009 \*\*\*150.00

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**DOCUMENT # P01000089736**

1. Entity Name

**FAMILY FURNITURE OUTLET INC**



Principal Place of Business

**840 E. MEMORIAL BLVD.  
LAKELAND FL 33801**

Mailing Address

**840 E. MEMORIAL BLVD.  
LAKELAND FL 33801**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-3743966**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**TREMAINE, DEBORAH  
170 AVERY DR. E  
AUBURNDAL FL 33823**

Name

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

City

**FL**

Zip Code

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

**FILE NOW!!! FEE IS \$550.00**  
**After September 10, 2003 Fee will be \$750.00**  
**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete  
NAME **TREMAINE, DEBORAH**  
STREET ADDRESS **4789 JULIANA RESERVES DR**  
CITY-ST-ZIP **AUBURNDAL FL 33823**

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

TITLE **VP** ☐ Delete  
NAME **TREMAINE, DAVID**  
STREET ADDRESS **4789 JULIANA RESERVES DR**  
CITY-ST-ZIP **AUBURNDAL FL 33823**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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CITY-ST-ZIP

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

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 Required*

9-10-03 863 802 6800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/03)

KELLEY BOOKKEEPING  
3270 NELSON AVE  
DOVER, FL 33527  
Tel: (813) 659-2260 Fax: (813) 659-0879  
e-mail: KELLEYTAXES@AOL.COM

ATTACHMENT  
#PO1000089736  
80147918

# Memo

Date: 09/10/2003

To: FLORIDA DEPARTMENT OF STATE-DIVISION OF CORPORATIONS

From: 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

FAMILY FURNITURE OUTLET INC

FED ID # 59-3743966

