

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 28, 2002 8:00 am**  
**Secretary of State**

04-23-2002 90325 019 \*\*\*150.00

**DOCUMENT # P01000105960**

1. Entity Name

**MASTER FURNITURE SERVICE, INC.**

Principal Place of Business

**14 EAST STATION STREET  
APOPKA FL 32703**

Mailing Address

**14 EAST STATION STREET  
APOPKA FL 32703**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FIC Number

**59-3755166**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI FL 33149**

7. Name and Address of New Registered Agent

Name

**Marion Sack**

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

**14 East Station St**

City

**Apopka**

FL

Zip Code

**32703**

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

*(Signature of Marion J. Sack)*

(Signature, typed or printed name of registered agent and fee if applicable.)

(NOTE: Registered Agent signature required when reinstating)

*(Signature of Marion J. Sack)*

DATE

**5/7/02  
4-10-02**

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 **PD** ☐ Delete  
NAME **SACK, MARION J**  
STREET ADDRESS **14 EAST STATION STREET**  
CITY-ST-ZIP **APOPKA FL 32703**

TITLE **VSTD** ☐ Delete  
NAME **SACK, LINDA D**  
STREET ADDRESS **14 EAST STATION STREET**  
CITY-ST-ZIP **APOPKA FL 32703**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Change ☐ 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 19.07(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:

*(Signature of Marion J. Sack)* **(LINDA T. SACK)**

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

*(Signature)* **4/10/02**

Date

*(Signature)* **884-9090**

Daytime Phone #

CR2E034 (9/01)