

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

FILED
Jun 30, 2003 8:00 am
Secretary of State

06-30-2003 90063 021 ***150.00

DOCUMENT # **P02000025226**

1. Entity Name

R & D FURNITURE MANUFACTURER, Inc.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3330 NW 33RD AVENUE

3. Mailing Address

3330 NW 33RD AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

LAUDERDALE LAKES FL

City & State

LAUDERDALE LAKES FL

4. FEI Number

01-0612291

Applied For

Not Applicable

Zip

33309

Country

FLORIDA

Zip

33309

Country

FLORIDA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

DAVE THORPE

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

3330 NW 33RD AVENUE

City

LAUDERDALE LAKES

FL

Zip Code

33309

**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. 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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE **PRESIDENT**
NAME **DAVE THORPE**
STREET ADDRESS **3330 NW 33RD AVENUE**
CITY-ST-ZIP **LAUDERDALE LAKES, FL 33309**

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IN THIS SPACE**

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 on an attachment with an address with all other like empowered.

SIGNATURE

Signature and typed or printed name of signing officer or director

Date

Daytime Phone #

6/26/03 954-566-4467

CR2E034B (12/02)