

FILED
Feb 25, 2003 8:00 am
Secretary of State

01-31-2003 90383 032 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000060920

1. Entity Name
CIRCLE K FURNITURE, INC.



Principal Place of Business
239 JONES RD.
JACKSONVILLE FL 32220

Mailing Address
239 JONES RD.
JACKSONVILLE FL 32220

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



26-00-171544-29-0

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

01-0713036

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

YONG, FRANK J
701 RIVERSIDE PARK PLACE, SUITE 110
JACKSONVILLE FL 32204

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 \$150.00

After May 1, 2003 Fee will be \$550.00

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 | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Delete |
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| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Change | <input checked="" type="checkbox"/> Addition |
|-------|-------------------|-----------------|------------------------|---------------------------------|--|
| | THOMAS L. KITRELL | 239-4 JONES RD. | JACKSONVILLE, FL 32220 | | |
| | SUSAN STRICKLAND | 239-4 JONES RD. | JACKSONVILLE, FL 32220 | | |
| | DANA KITRELL | 239-4 JONES RD. | JACKSONVILLE, FL 32220 | | |
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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:

DANA KITRELL, TREASURER

1-27-03 904-781-1079

Date

Daytime Phone #

CR2E034 (10/02)