

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90289 050 ***150.00

0439210 AV

DOCUMENT # P02000067585

1. Entity Name
HOME FURNISHING DESIGN CENTERS, INC.



Principal Place of Business
**20058 OCEAN KEY DR.
BOCA RATON FL 33498**

Mailing Address
**20058 OCEAN KEY DR.
BOCA RATON FL 33498**



2. Principal Place of Business
5050 TOWN CENTER CIRCLE

3. Mailing Address
5050 TOWN CENTER CIRCLE

Suite, Apt. #, etc.
230

Suite, Apt. #, etc.
Boca Raton # 33486

☐ CHECK HERE IF MAKING CHANGES

City & State
Boca Raton

City & State
FL

4. FEI Number
82-0549565

Applied For
Not Applicable

Zip
33486

Country
USA

Zip
33486

Country
West Palm Beach

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

**LAWSON, ROSITA R
20058 OCEAN KEY DR.
BOCA RATON FL 33498**

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 *Rosita Lawson - Vandervort*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE **3/20/03**

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 **P** ☐ Delete
NAME **LAWSON, ROSITA R**
STREET ADDRESS **20058 OCEAN KEY DR.**
CITY-ST-ZIP **BOCA RATON FL 33498**

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

TITLE **V** ☐ Delete
NAME **VANDERVORT, JAMES W**
STREET ADDRESS **20058 OCEAN KEY DR.**
CITY-ST-ZIP **BOCA RATON FL 33498**

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

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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: *Rosita Lawson - Vandervort*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

561-338-0029
Daytime Phone #

CR2E034 (10/02)