

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 14, 2003 8:00 am**  
**Secretary of State**

04-23-2003 90194 014 \*\*\*150.00

<b>DOCUMENT #</b> P02000109951	
<b>1. Entity Name</b> MCALISTER RENTS FURNITURE, INC.	

<b>Principal Place of Business</b> 705 S WOODWARD AVE TALLAHASSEE FL 32304	<b>Mailing Address</b> 705 S WOODWARD AVE TALLAHASSEE FL 32304
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35040010



<b>2. Principal Place of Business</b> 3210 SW 40th Blvd Suite, Apt. #, etc. #A	<b>3. Mailing Address</b> 3210 SW 40th Blvd Suite, Apt. #, etc. #A
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☒ CHECK HERE IF MAKING CHANGES

<b>City &amp; State</b> Gainesville FL	<b>City &amp; State</b> Gainesville FL	<b>4. FEI Number</b> 16-1631439	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>Zip</b> 32608	<b>Country</b> Alachua	<b>Zip</b> 32608	<b>Country</b> Alachua

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

<b>6. Name and Address of Current Registered Agent</b> MCALISTER, LYLE 705 S WOODWARD AVE TALLAHASSEE FL 32304	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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**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 *Christine Schultz* *Christine Schultz general manager*  
Signature, typed or printed name of registered agent and State applicable. (NOTE: Registered Agent signature required when reinstating) DATE 4/17/03

<b>FILE NOW!!! FEE IS \$150.00</b> After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
<b>TITLE</b> D PRESIDENT	<input type="checkbox"/> Delete	<b>TITLE</b> Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>NAME</b> MCALISTER, LYLE		<b>NAME</b> James A. McDade IV	
<b>STREET ADDRESS</b> 705 S WOODWARD AVE		<b>STREET ADDRESS</b> 705 S Woodward Ave	
<b>CITY-ST-ZIP</b> TALLAHASSEE FL 32304		<b>CITY-ST-ZIP</b> Tallahassee FL 32304	
<b>TITLE</b>	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		<b>NAME</b>	
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>		<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		<b>NAME</b>	
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>		<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		<b>NAME</b>	
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>		<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		<b>NAME</b>	
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>		<b>CITY-ST-ZIP</b>	

**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]* **SIGNATURE REQUIRED**  
Signature and typed or printed name of signing officer or director

Date 4/21/03 Daytime Phone # 950-224-5764

CR2034 (10/02)