

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

04-25-2003 90214 031 ***150.00

DOCUMENT # P02000124312

1. Entity Name
PRICE RITE FURNITURE, INC.



Principal Place of Business
7335 CYPRESS DRIVE
MARGATE FL 33063

Mailing Address
7335 CYPRESS DRIVE
MARGATE FL 33063

11015670



2. Principal Place of Business

3624 W BROWARD BLVD

Suite, Apt. #, etc.

3. Mailing Address

3624 W BROWARD BLVD

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State

FT. LAUDERDALE, FL

City & State

FT. LAUDERDALE, FL

4. FEI Number

83-0342664

Applied For

Not Applicable

Zip

33312

Country

U.S.A

Zip

33312

Country

U.S.A

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BAILEY, MARSHA
7335 CYPRESS DRIVE
MARGATE FL 33063

7. Name and Address of New Registered Agent

Name

TROY MCLEOD
3624 W BROWARD BLVD

City

FT LAUDERDALE, FL

FL

Zip Code

33312

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 reinstalling)

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

TITLE **D** ☐ Delete
NAME **ALLEN, ROSA**
STREET ADDRESS **7335 CYPRESS DRIVE**
CITY-ST-ZIP **MARGATE FL 33063**

TITLE **D** ☐ Delete
NAME **BAILEY, MARSHA**
STREET ADDRESS **835 NW 200TH TERRACE**
CITY-ST-ZIP **MIAMI FL 33169**

TITLE **D** ☐ Delete
NAME **MCLEOD, TROY**
STREET ADDRESS **8484 SW 23RD COURT**
CITY-ST-ZIP **MIRAMAR FL 33025**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. 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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NAME
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CITY-ST-ZIP

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/03

Date

954-87-9450

Daytime Phone #

CR2E034 (10/02)