2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P92000007295 DOCUMENT

1. Entity Name

BARGAINS FURNITURE OUTLET, INC.

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FILED Jan 15, 2003 8:00 am Secretary of State 01-15-2003 90186 026 ***150.00

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Principal Place of Business 78 S HIGHWAY 17-92 DEBARY FL 32713	Mailing Address 78 S HIGHWAY 1 DEBARY FL 3271:	· -)	0 (2) 40)(2 00 (2) 4	1)(† 140)0 (10] 0 0 0 8 13+1341
2. Principal Place of Business	3. Mailing Address	s						
Suite, Apt. #, etc.	Suite, Apt. #, etc	Suite, Apt. #, etc.				TE MAKING	OLLANOS	•
City & State					☐ CHECK HERE	: IF MAKING	CHANGE	5
	City & State			4. FEI Numbe	59-3155887	7		Applied For Not Applicable
Zip Country	Zip	Count	try	5. Certificate	of Status Desired		8.75 A	dditional
6. Name and Address of Cu	urrent Registered Agent			7. Name and	Address of New I			
DEDTI ED ALLADANI		·-	Name				<u> </u>	·
PERTLER, SHARON L		}		(P.O. Box Number				-
251 LAKEWOOD DR.		į		, .c. box rumber	3 Not Acceptable	- ,		
DEBARY FL 32713								·
र व		Ì	City			FL	Zip Cod	
8. The above named entity submits this statem the obligations of registered agent.	nent for the purpose of chang	ging its registered	d office or registe	ered agent, or both	, in the State of Flo	orida. I am fa	niliar with	, and accept
PICNATURE								
Signature, typed or printed name of registered	d agent and title if applicable.	(NOTE: Registered	Agent signature require	d when reinstation)		DATE		
<u> </u>		(**	. gon signatura radose	o woon tomstamily		DATE		
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FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$55 Make Check Payable to Florida Departme	0.00				tion Campaign Fir t Fund Contributio	_		00 May Be d to Fees
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Thereby certify that the information supplied with this filling does not qualify find the exemption stated in Section 119.07(3)(1), 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 further empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if the chapter forms and the state of the corporation of the receiver or further execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR