2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachmer

SIGNATURE:

FILED Apr 05, 2000 8:00 am Secretary of State DOCUMENT # **P93000077355** 1. Entity Name FURNITURE SERVICE AMERICA, INC. 04-05-2000 90075 050 ***150.00 Principal Place of Business Mailing Address 1545 NORTH PARK DRIVE 1545 NORTH PARK DRIVE SUITE 103 SUITE 103 FT LAUDERDALE FL 33326-3227 FT LAUDERDALE FL 33326 US 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 65-0446252 Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent GREÉNE. MICHAEL S Street Address (P.O. Box Number is Not Acceptable 201 S BISCAYNE BLVD SUITE 900 MIAM\FL 33131 statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida 8. The above name PETER F. SOUZA - ASSISTANT SECRETARY SIGNATURE (NOTE: Registered Agent signature required when reinstating) or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. \Box Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change ★ Addition TITLE ☐ Delete TITLE ANNETT, CHARLES NAME NAME 1545 NURTH PARK DR Suite 103 STREET ADDRESS STREET ADDRESS 3300 PADDOCK CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIF CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS DITY-ST-ZIE CITY-ST-ZIP Change ☐ Addition TITLE □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP Delete ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 13. 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 11 or Block 12 if