

# 2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Jul 13, 2000 8:00 am  
Secretary of State

07-13-2000 90064 001 \*1,100.00

DOCUMENT # P94000036163

1. Entity Name

DEJA VU FURNITURE GALLERY, INC.

Principal Place of Business

Mailing Address

18843 U.S. HWY. 19 NORTH  
CLEARWATER FL 34624  
US

18843 U.S. HWY. 19 NORTH  
CLEARWATER FL 33764-3122  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

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

HINES, NATHANIEL D II  
111 2ND AVE. N.E.  
SUITE 1406  
ST. PETERSBURG FL 33701

Name: VIKKI GRIFFITH

Street Address (P.O. Box Number is Not Acceptable)  
1543 Meadowdale Dr

City: Clearwater FL 33764

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.

SIGNATURE

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible  
tax filing requirement and elects to do so.  
(See criteria on back)

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2000 Fee will be \$550.00

Make Check Payable to Department of State

10. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: D ☐ Delete  
NAME: FISHER, BRETT  
STREET ADDRESS: 111 2ND AVE. N.E., SUITE 1406  
CITY-ST-ZIP: ST. PETERSBURG FL 33701

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

TITLE: D ☐ Delete  
NAME: GRIFFITH, VIKKI  
STREET ADDRESS: 111 2ND AVE. N.E., SUITE 1406  
CITY-ST-ZIP: ST. PETERSBURG FL 33701

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

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STREET ADDRESS: ☐ Change ☐ Addition  
CITY-ST-ZIP: ☐ Change ☐ Addition

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

VIKKI GRIFFITH 7/5/00 (727) 524-0007