2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P94000057155**

Country

AKEL, DANIEL D

2301 INDEPENDENT SQUARE ONE INDEPENDENT DRIVE JACKSONVILLE FL 32202

9. This corporation is eligible to satisfy its Intangible

STRICKLAND, JOE T

EDDIE STRICKLAND

8363 ROCKLAND DR

JACK FL 32221

ARNOLD WASDIN

2174 N.EDGEWOOD AVE

JACKSONVILLE FL 32254

JACKSONVILLE FL 32221

EDWIN STRICKLAND

3222 WALTER ROAD

3187 NORTH LANE AVENUE

JACKSONVILLE FL 32254

Tax filing requirement and elects to do so.

(See criteria on back)

6. Name and Address of Current Registered Agent

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

OFFICERS AND DIRECTORS

City & State

Zip

SIGNATURE

11.

TITLE

NAME

TITLE

NAME

NAME

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

STRICK'S NEW & USED FURNITURE & APPLIANCES, INC.

Principal Place of Business NORTH LANE AVENUE LACKSONVILLE FL 32254 2. Principal Place of Business	Mailing Address	
	3187 NORTH LANE AVENUE JACKSONVILLE FL 32254-1235	
	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	_

City & State

Country

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2000 Fee will be \$550.00

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12.

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-ZIP

CITY-ST-ZIP

NAME

TITLE

NAME

TITLE NAME STREET ADDRESS

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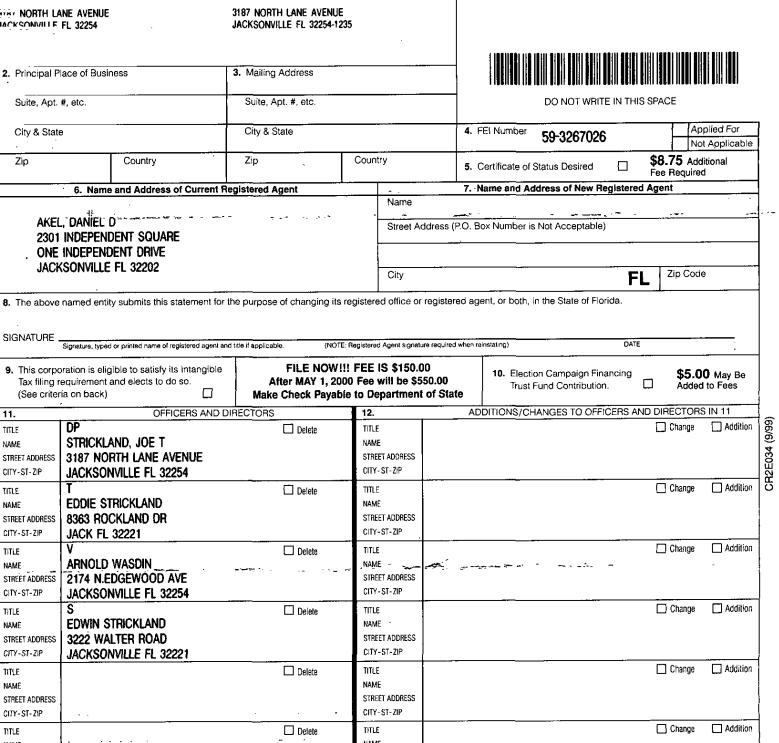
NAME

CITY-ST-ZIP

Name

FILED Feb 07, 2000 8:00 am Secretary of State

02-07-2000 90075 039 ***150.00



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 changed, or on an attachment with an address, with

SIGNATURE:

0-3-00 904-786-2970