

**FILED**

04-30-2001 90422 004 \*\*\*150.00

**753646**



DO NOT WRITE IN THIS SPACE

|  |  |  |  |
|--|--|--|--|
| <b>DOCUMENT # P94000063120</b><br><b>1. Entity Name</b><br><b>CONTRACT FURNITURE SOURCE, INC.</b>                |  |  |  |
| <b>Principal Place of Business</b><br>1816 SW 4TH AVE<br>POMPANO BEACH FL 33060<br>US                            |  | <b>Mailing Address</b><br>P.O BOX 10368<br>POMPANO BEACH FL 33061-6368<br>US                         |  |
| <b>2. Principal Place of Business</b><br>Suite, Apt. #, etc.<br>City & State<br>Zip                      Country |  | <b>3. Mailing Address</b><br>Suite, Apt. #, etc.<br>City & State<br>Zip                      Country |  |

|               |            |                |
|---------------|------------|----------------|
| 4. FEI Number | 65-0511968 | 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        |    |
| <b>PRATLEY, FREDERICK J</b><br><b>1816 SW 4TH AVE</b><br><b>POMPANO BEACH FL 33060</b> |  | Name   |    |
|  |  | Street Address (P.O. Box Number is Not Acceptable) |    |
|  |  |  |    |
|  |  | City   | FL |

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable.

|  |   |   |
|--|---|---|
| <p>9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.<br/>(See criteria on back) <input type="checkbox"/></p> | <p align="center"><b>FILE NOW!!! FEE IS \$150.00</b><br/> <b>After MAY 1, 2001 Fee will be \$550.00</b><br/> <b>Make Check Payable to Department of State</b></p> | <p>10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees</p> |
|--|---|---|

| 11. OFFICERS AND DIRECTORS                     |   | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|--|---|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete<br><b>P</b><br><b>PRATLEY, FREDERICK J</b><br><b>1816 SW 4TH AVE</b><br><b>POMPANO BEACH FL</b> | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> 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 or empowered.

SIGNATURE: Frederick J. Drutley 4/20/01 954-781-2651

CR2E034 (10/00)