

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 20, 2002 8:00 am
Secretary of State

05-20-2002 90306 045 ***150.00

DOCUMENT # P94000063120

1. Entity Name
CONTRACT FURNITURE SOURCE, INC.

Principal Place of Business
1816 SW 4TH AVE
POMPANO BEACH FL 33060
US

Change of Address

Mailing Address
P.O. BOX 10368
POMPANO BEACH FL 33061-6368
US

400200



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1611 SW 4th Ave
Pompano Beach, FL
City & State

3. Mailing Address

1611 S.W. 4th Ave
Pompano Beach, FL
City & State

4. FEI Number **65-0511968**

Applied For
 Not Applicable

Zip **33060**

Country **US**

Zip **33060**

Country **US**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

PRATLEY, FREDERICK J
1816 SW 4TH AVE
POMPANO BEACH FL 33060

Change of Address

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
1611 S.W. 4th Ave
 City **Pompano Beach** **FL** **33060**

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, 2002 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

TITLE **P** ☐ Delete
 NAME **PRATLEY, FREDERICK J**
 STREET ADDRESS **1816 SW 4TH AVE**
 CITY-ST-ZIP **POMPANO BEACH FL**

Change of address

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME **1611 S.W. 4th Avenue**
 STREET ADDRESS **Pompano Beach, FL 33060**
 CITY-ST-ZIP **FL 33060**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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 all other like empowered.

SIGNATURE:

Fredrick J. Pratley
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/02 **954-781-2651**
 Date Daytime Phone #

CR2E034 (9/01)