

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000071211

1. Entity Name
WILLIAMS OFFICE FURNITURE, INC.

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90382 036 ***150.00

Principal Place of Business
**660 MARBURY LANE
LONGBOAT KEY FL 34228
US**

Mailing Address
**660 MARBURY LANE
LONGBOAT KEY FL 34228
US**

2. Principal Place of Business
15734 HANCOCK ROAD

3. Mailing Address
15734 HANCOCK ROAD

Suite, Apt. #, etc.

City & State
SARASOTA FLORIDA

City & State
SARASOTA FLORIDA

Zip
34240

Country
US

4. FEI Number **65-0618367**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**PFLUGNER, J. GEOFFREY
2033 MAIN ST
SUITE 600
SARASOTA FL 34237**

7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

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 _____ (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, 2001 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 D	<input type="checkbox"/> Delete
NAME KRAMER, FRAN	
STREET ADDRESS 660 MARBURY LN 15734 HANCOCK ROAD	
CITY-ST-ZIP LONGBOAT KEY FL 34228 SARASOTA FL 34240	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: **FRAN KRAMER** Date **4/30** Daytime Phone # **94/3229382**

CR2E034 (10/00)