

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 03, 2003 8:00 am
Secretary of State

0128533 AV

04-03-2003 90158 004 ***150.00

DOCUMENT # **P95000077319**

1. Entity Name
COMMERCIAL OFFICE FURNITURE AND EQUIPMENT INC.



Principal Place of Business
**2885 ELECTRONICS DRIVE
UNIT A1-5
MELBOURNE FL 32935**

Mailing Address
**2885 ELECTRONICS DRIVE
UNIT A1-5
MELBOURNE FL 32935**



2. Principal Place of Business
2861 ELECTRONICS DRIVE
Suite, Apt. #, etc.

3. Mailing Address
2861 ELECTRONICS DRIVE
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
MELBOURNE FL
Zip
32935
Country
USA

City & State
MELBOURNE FL
Zip
32935
Country
USA

4. FEI Number
59-3339963

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

**COWAN, VICTORIA L
2423 PEPPER AVENUE
MELBOURNE FL 32935**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	COWAN, VICTORIA L	
STREET ADDRESS	2423 PEPPER AVENUE	
CITY-ST-ZIP	MELBOURNE FL 32935	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	COWAN, ROBERT E	
STREET ADDRESS	2423 PEPPER AVENUE	
CITY-ST-ZIP	MELBOURNE FL 32935	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Victoria L Cowan** **VICTORIA L. COWAN** 4-1-03 321-255-8300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)