

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 31, 2001 8:00 am
Secretary of State

07-31-2001 90008 015 ***150.00

DOCUMENT # P95000098072

1. Entity Name

MARKET STREET FURNITURE GALLERY, INC.

Principal Place of Business

**1460 MARKET STREET
TALLAHASSEE FL 32312**

Mailing Address

**1460 MARKET STREET
TALLAHASSEE FL 32312**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3359306

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

**BREWSTER, JAMES R
547 N. MONROE ST.
THE WALKER BLDG., STE. 203
TALLAHASSEE FL 32301**

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

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **BROWN, BARBARA**
CITY-ST-ZIP **807 6GREENBRIAR LANE
TALLAHASSEE FL 32312**

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

TITLE ☐ Delete
NAME
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CITY-ST-ZIP

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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 the empowered.

SIGNATURE:

Barbara K. Brown
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/25/01

Date

(850) 893-1655

Daytime Phone #

CR2E034 (5/01)

Attachment Doc# P95000098072

MARKET STREET FURNITURE GALLERY, INC.

1460 MARKET STREET

TALLAHASSEE, FL 32312

850-893-1655

FAX: 850-893-9365

Book 0986

FACSIMILE TRANSMITTAL SHEET

TO: Division of Corporations FROM: Barbara Brown
COMPANY: DATE: 7-25-01
FAX NUMBER: TOTAL NO. OF PAGES INCLUDING COVER:
PHONE NUMBER: RE:

☒ URGENT ☒ FOR REVIEW ☐ PLEASE COMMENT ☐ PLEASE REPLY ☐ PLEASE RECYCLE

To Whom It May Concern:

I never received the 2001
Business Report in January or February.
Therefore, I did not send in the
\$150⁰⁰. I am very sorry — and
next year it will be marked
on my calendar to call you
if I do not receive it.
I enclose a check for

\$150⁰⁰

Thank you very much.

Barbara E. Brown
Owner.