2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000098072

1. Entity Name

MARKET STREET FURNITURE GALLERY, INC.



FILED Jan 14, 2003 8:00 am Secretary of State

01-14-2003 90060 030 ***150.00

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Principal Place of Business 1460 MARKET STREET TALLAHASSEE FL 32312		Mailing Address 1460 MARKET STREET TALLAHASSEE FL 32312						
) (18 CHARD (18 TOUR) CHARD CONTRACTOR			1
2. Principal Place of Business		3. Mailing Address)		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			☐ CHECK HERE IF M	AKING CHAN	GES	
City & State		City & State			4. FEI Number 59-3359306		Applied For	
Zip	Country	Zip	Co	untry	5.00	\$8.75	Not Applicable Additional	е
	6. Name and Address of Curren	Registered Age	nt			Fee Re	quired	_
				Name	7. Name and Address of New Regis	tered Agent		4
	TER, JAMES R MONROE ST.			Street Address	(P.O. Box Number is Not Acceptable)		<u> </u>	4
	LKER BLDG., STE. 203							\dashv
	ASSEE FL 32301			City			Code	-
8. The abov	e named entity submits this statement for ations of registered agent.	or the purpose of o	changing its registe	ered office or register	red agent, or both, in the State of Florida.	I am familiar v	vith, and accept	┥
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SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable.	(NOTE: Registe	red Agent signature required	f when rejectative)		<u> </u>	
	FILE NOW!!! FEE IS \$150.00				when reinstating)	DATE		4
Afte	er May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of	State	·		 Election Campaign Financir Trust Fund Contribution. 		5.00 May Be	
10.	OFFICERS AND	DIRECTORS	11		ADDITIONS/CHANGES TO OFFICERS	S AND DIDECT	ODC IN 11	1
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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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE,

AND TYPED OF PRINTED NAME OF SIGNING OFFICE OF DIRECTOR

Lerry W. Shepard

10-03 850893-965 Daytime Phone #