

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000021301

1. Entity Name

QUALITY PRE-LOVED FURNISHINGS, INC.

FILED

May 22, 2000 8:00 am  
Secretary of State

05-22-2000 90014 005 \*\*\*150.00

Principal Place of Business

Mailing Address

900 -6TH AVE S.  
#104  
NAPLES FL 34102

900 -6TH AVE S.  
#104  
NAPLES FL 34102-6745

2. Principal Place of Business

937 4th Ave. No.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Naples FL

4. FEI Number

65-0651955

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

BOWIE, RAYMOND J  
900 -6TH AVE  
#104  
NAPLES FL 34102

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 \$150.00**  
**After MAY 1, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete  
NAME BOWIE, DORIS M  
STREET ADDRESS 1425 LAIRD ST  
CITY-ST-ZIP KEY WEST FL

TITLE VP ☒ Change ☐ Addition  
NAME ☒ Change ☐ Addition  
STREET ADDRESS 1901 S. Roosevelt Blvd, #107E  
CITY-ST-ZIP Key West, FL 33040

TITLE VP ☐ Delete  
NAME BOWIE, RAYMOND J  
STREET ADDRESS 900 -6TH AVE S.  
CITY-ST-ZIP NAPLES FL 34102

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

TITLE VP ☐ Delete  
NAME MILLER, JAY R  
STREET ADDRESS 900 -6TH AVE S.  
CITY-ST-ZIP NAPLES FL 34102

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

TITLE ☐ Delete  
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/00

Date

941/435-7895

Daytime Phone #

CR2F034 (9/99)