


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90117 026 ***150.00

DOCUMENT # P96000100523

1. Entity Name
FURNITURE MARKETING GROUP, INC.



Principal Place of Business
2719 BUCKHORN OAKS DRIVE
VALRICO FL 33594

Mailing Address
2719 BUCKHORN OAKS DRIVE
VALRICO FL 33594



2. Principal Place of Business
5708 EAGLEMOUNT CIRCLE

3. Mailing Address
SAME

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
LITHIA, FLORIDA

City & State

Zip 33547 **Country** USA

4. FEI Number 59-3432980

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
GOLDBERG, MARC D
2719 BUCKHORN OAKS DRIVE
VALRICO FL 33594

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

SIGNATURE *Marc Goldberg*
Signature, typed or printed name of registered agent and title if applicable. (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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GOLDBERG, MARC D 2719 BUCKHORN OAKS DR VALRICO FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	5708 EAGLEMOUNT CIRCLE LITHIA, FLA 33547
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 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: *Marc Goldberg*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 1-15-03 **Daytime Phone #** 8136812122

CR2E034 (10/02)