

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****May 22, 2000 8:00 am**
Secretary of State

05-22-2000 90038 027 ***150.00

DOCUMENT # P97000031553

1. Entity Name

DESK AND CHAIR WAREHOUSE, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business 1105 EAST TWIGGS TAMPA FL 33602		Mailing Address 1105 EAST TWIGGS TAMPA FL 33602-3135	
2. Principal Place of Business 8330 North Florida Ave Suite, Apt. #, etc.		3. Mailing Address 8330 North Florida Ave. Suite, Apt. #, etc.	
City & State Tampa, Florida Zip 33604 Country USA		City & State Tampa, Florida Zip 33604 Country USA	
4. FEI Number 59-3440213		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent COHRS, DENIS A 1505 NORTH FLORIDA AVENUE TAMPA FL 33602		7. Name and Address of New Registered Agent Name Temple H. Drummond, Esq. Street Address (P.O. Box Number is Not Acceptable) 1505 North Florida Avenue City Tampa FL Zip Code 33602	
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 <u>Temple H. Drummond</u> / <u>Temple H. Drummond</u> DATE <u>5/1/00</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>		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. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP D CHEEVER, R. CLINTON 1105 EAST TWIGGS TAMPA FL 33602 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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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: <u>[Signature]</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date <u>5/1/00</u> Daytime Phone # <u>(813) 936-1490</u>	