

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P97000031553**

1. Entity Name

DESK AND CHAIR WAREHOUSE, INC.

FILED
May 21, 2001 8:00 am
Secretary of State

05-21-2001 90406 010 ***150.00

C0068791

DO NOT WRITE IN THIS SPACE

Principal Place of Business 8330 North Florida Ave Tampa, FL 33604		Mailing Address 8330 North Florida Ave Tampa, FL 33604	
2. Principal Place of Business 503 Ceasar Street Suite, Apt. #, etc. Tampa, FL		3. Mailing Address c/o Temple H. Drummond, Esq. Suite, Apt. #, etc. P.O. Box 3273 Tampa, Florida	
City & State Tampa, Florida		City & State Tampa, Florida	
Zip 33602	Country USA	Zip 33601-3273	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 Temple H. Drummond Esq. 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) 100 S. Ashley Drive, Suite 1500 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 Temple H. Drummond Temple H. Drummond 04/30/01
Signature, type 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. ☐ **FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	D Cheever, R. Clinton 1105 E. Twiggs Tampa, FL 33602 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Cheever, R. Clinton 16215 W. Course Drive Tampa, FL 33624 <input checked="" 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
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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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

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 an other like empowered.

SIGNATURE: R. Clinton Cheever R. Clinton Cheever, Director 04/30/01 813/833-7072
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)