2000 UNIFORM BUSINESS REPORT (UBR)

FILED

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DISCOUNT OFFICE FURNITURE ENTERPRISES, INC.				00 AUG 31 AM 11:56			
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Principal Place	a at Business	Mailing Address			SUPPLEA BY OF STATE THE ELAST ASSESSED. FLORIDA		
10983 SOUTH		10983 SOUTH US 1					
PORT ST. LUCIE FL 34952 PORT ST. LUCIE FL 34952			2				
Principal Place of Business 3. Mailing Address							
						D()) 3 	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE		
City & State		City & State			0031/09329	oplied For of Applicable	
Zip Country		Zip Count		try	5. Certificate of Status Desired S8.75 Add		
	6. Name and Address of Current	Poglotorod Agent			7. Name and Address of New Registered Agent	od -	
<u> </u>	6. Name and Address of Current	Registered Agent		Name	7. Name and Address of New Registered Agent		
BLOCK, GERALD				Street Address (P.O. Box Number is Not Acceptable)			
10983 SOUTH US 1 PORT ST. LUCIE FL 34952				·			
FORT ST. LUCIE FE 34932				0:		_	
· · · · · · · · · · · · · · · · · · ·				City	FL Zip Cod	e 	
8. The above	named entity submits this statement for	or the purpose of changing its	s registere	ed office or regist	tered agent, or both, in the State of Florida.	,	
CIONATURE							
SIGNATURE _	Signature, typed or printed name of registered agent	and title if applicable. (NOT	E: Registere	d Agent signature requir	red when reinstating) DATE		
9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS					10. Election Campaign Financing \$5.0	0	
Tax filing requirement and elects to do so. (See criteria on back) After SEPTEMBER 13, 20 Make Check Payable to						ILIMAV BO I	
	ia on back)				Trust Fund Contribution. Added	0 May Be to Fees	
11.	ia on back)OFFICERS AND	Make Check Payal			Trust Fund Contribution Adder	to Fees	
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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 eport is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the receiver of 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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SCOUNT OFFICE FURNTIUR

10983 South U.S. 1 • Port St. Lucie, Florida 34952

Office: (561) 398-0085 Fax: (561) 398-0117

8/28/00

TO! FLORIDA Dept. of STATE DIVISION OF CORP.

From: Genald block (Pres.)

To whom It may Concern;

IN Dec. 1999 I Filed And signed A 2, aver uni-torn. Business deport, and mailed to you, what happened? I don't know. But this is A plen to the state saying Its bost. I do remember my EPA gilving me this form to Sign and mail and I did that. Again what, and where is the question. Please Allow this time and only one time For the plea, thank you for histering