

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90083 022 ***150.00

DOCUMENT # P98000000396

1. Entity Name
OFFICE CONCEPTS & FURNITURE DESIGN, INC.



Principal Place of Business
2629 N MAIN STREET
GAINESVILLE FL 32609

Mailing Address
~~**2629 N MAIN STREET**~~
GAINESVILLE FL 32609

11008173



2. Principal Place of Business
118-A NW 8th Ave
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 5458
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
Gainesville FL

City & State
Gainesville FL

4. FEI Number **59-3486761**

Applied For
Not Applicable

Zip **32601** **Country** **Alachua**

Zip **32627** **Country** **Alachua**

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

SOUTHERLAND, CAROL W
~~**2629 N MAIN STREET**~~
GAINESVILLE FL 32609

Name
Street Address (P.O. Box Number is Not Acceptable)
118 NW 8th Ave #A
City **Gainesville** **FL** **Zip Code** **32601**

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 _____ 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**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	SOUTHERLAND, CAROL W	
STREET ADDRESS	10021 SW 13 PLACE	
CITY-ST-ZIP	GAINESVILLE FL 32607	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SOUTHERLAND, BILLY O	
STREET ADDRESS	10021 SW 13 PLACE	
CITY-ST-ZIP	GAINESVILLE FL 32607	
TITLE	ST	<input type="checkbox"/> Delete
NAME	SOUTHERLAND, JOSEPH K	
STREET ADDRESS	3679 VALENCIA ROAD 9959 NW 38th Ter	
CITY-ST-ZIP	JACKSONVILLE FL 32205 Bradford, FL 32008	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/03 (352) 372-9500
Date **Daytime Phone #**

CR2E034 (10/02)