

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 11, 2003 8:00 am**  
**Secretary of State**

09-11-2003 90094 025 \*\*\*550.00

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**DOCUMENT # P98000003106**

1. Entity Name  
**OFFICE FURNITURE NOW, INC.**



Principal Place of Business  
**4820 PARK BLVD.  
PINELLAS PARK FL 33781**

Mailing Address  
**4820 PARK BLVD.  
PINELLAS PARK FL 33781**



2. Principal Place of Business

3. Mailing Address

**22716 Barbara Dr.** **22716 Barbara Dr.**  
Suite, Apt. #, etc. Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

City & State

**Clearwater, FL**

**Clearwater, FL**

Zip

Country

Zip

Country

**33764**

**33764**

4. FEI Number **65-0804569**

Applied For

Not Applicable

5. Certificate of Status Desired ☒ **NO \$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**O'CONNOR, PATRICK M  
2240 BELLEAIR RD., SUITE 160  
CLEARWATER FL 33764**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**-FILE NOW!!! FEE IS \$550.00**  
**After September 10, 2003 Fee will be \$750.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME **PD SMITH, DAVE**  
STREET ADDRESS **4820 PARK BLVD.**  
CITY-ST-ZIP **PINELLAS PARK FL 33781**

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **22716 Barbara Drive**  
CITY-ST-ZIP **Clearwater, FL 33764-6505**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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TITLE ☐ Delete  
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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 reports 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

**September 9, 2003**  
Date Daytime Phone #

CR2E034 (4/03)