

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000020560

1. Entity Name

SCHOOL FURNITURE SPECIALTY, INC.

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90118 005 ***150.00

Principal Place of Business
1159 EAST EDGEWOOD DRIVE
LAKELAND FL 33803

Mailing Address
1159 EAST EDGEWOOD DRIVE
LAKELAND FL 33803

00000000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
3263 SUMMERLAND HILLS CT
Suite, Apt. #, etc.

3. Mailing Address
3263 SUMMERLAND HILLS CT
Suite, Apt. #, etc.

City & State
LAKELAND, FL

City & State
LAKELAND, FL

4. FEI Number 59-3494685

Applied For
Not Applicable

Zip
33813

Country
USA

Zip
33813

Country
USA

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

VARDEH, BENISS
1159 EAST EDGEWOOD DRIVE
LAKELAND FL 33803

Name
Street Address (P.O. Box Number is Not Acceptable)
3263 SUMMERLAND HILLS CT
City LAKELAND FL Zip Code 33813

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: *Beniss Vardeh* x 4/29/01
Signature, typed 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. ☐ (See criteria on back)

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	PSTD VARDEH, BENISS 1159 EAST EDGEWOOD DRIVE LAKELAND FL 33803	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	3263 SUMMERLAND HILLS CT LAKELAND, FL 33813	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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 all other like empowered.

SIGNATURE: *Beniss Vardeh* x 4/29/01 863/709-8394
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)