

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2001 8:00 am
Secretary of State

05-23-2001 91170 043 ***150.00

DOCUMENT # P98000038388

1. Entity Name
Florida Furniture Assoc., Inc
AKA - The Product Development Factory

Principal Place of Business Mailing Address
3000 N.E. 30th Place Suite 202B
Ft. Lauderdale Fl. 33306

2. Principal Place of Business 3. Mailing Address
3000 N.E. 30th Place
Suite, Apt. #, etc. 202B
202B

City & State City & State
Ft. Lauderdale Fl.
Ft. Lauderdale Fl.

Zip Country Zip Country
33306 **USA** **33306** **USA**

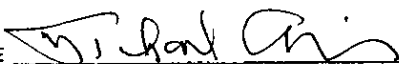
4. FEI Number Applied For
☐ ☐ Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required
☐ ☐

6. Name and Address of Current Registered Agent
Michael Arker
5100 N. Ocean Blvd
Lauderdale By The Sea Fl. 33308
Suite 205

7. Name and Address of New Registered Agent
 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.

SIGNATURE  (NOTE: Registered Agent signature required when reinstating) DATE

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ 10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

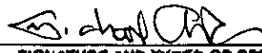
11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	Change	Addition
	Pres			☐	☐
	Michael L Arker			☐	☐
	5100 N. Ocean Blvd Suite 205			☐	☐
	Lauderdale By The Sea Fl. 33308			☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	Change	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:  **Michael Arker Pres** 4/22/2001 954-537-3363

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #