

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

5/16/

FILED
Jun 09, 2003 8:00 am
Secretary of State

05-16-2003 90184 001 ***150.00

DOCUMENT # P98000059793

1. Entity Name
FURNITURE MEDIC BY FLECK, INC.



Principal Place of Business
**2020 NW 55TH AVE
MARGATE FL 33063**

Mailing Address
**2020 NW 55TH AVE
MARGATE FL 33063**

55047139

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0770820**

Applied For
Not Applicable

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

**FLECKENSTEIN, THOMAS E
2020 NW 55TH AVE
MARGATE FL 33063**

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 \$150.00
After May 1, 2003 Fee will be \$550.00
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

TITLE **President + Treasurer** ☐ Delete
NAME **FLECKENSTEIN, THOMAS E**
STREET ADDRESS **2020 NW 55TH AVE**
CITY-ST-ZIP **MARGATE FL 33063**
President
Treasurer

TITLE **Fleckenstein, Jeffrey W** ☐ Delete
NAME **2020 NW 55TH AVE**
STREET ADDRESS **MARGATE FL 33063**
CITY-ST-ZIP **MARGATE FL 33063**
Sonny

TITLE **SONNY** ☐ Delete
NAME **SONNY**
STREET ADDRESS **SONNY**
CITY-ST-ZIP **SONNY**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **V. Pres** ☐ Change ☒ Addition
NAME **Fleckenstein, Jeffrey W**
STREET ADDRESS **2020 NW 55TH AVE**
CITY-ST-ZIP **MARGATE FL 33063**
V. Pres
Section

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

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

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TITLE ☐ Change ☐ 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)