

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2002 8:00 am
Secretary of State

02-21-2002 90083 031 ***150.00

DOCUMENT # P98000098344

1. Entity Name

D S K FURNITURE REPAIR, INC.

Principal Place of Business

**211 LAKE CHARLES COURT
 OLDSMAR FL 34677**

Mailing Address

**211 LAKE CHARLES COURT
 OLDSMAR FL 34677**

2. Principal Place of Business

4330 Genesee Lane

3. Mailing Address

4330 Genesee Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

New Port Richey, FL.

City & State

New Port Richey, FL.

Zip

34655

Country

U.S.A.

Zip

34655

Country

U.S.A.

4. FEI Number

59-3365071

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**LEBEL, DWAYNE K
 211 LAKE CHARLES COURT
 OLDSMAR FL 34677**

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

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, 2002 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

TITLE: **D** ☐ Delete
 NAME: **LEBEL, DWAYNE K**
 STREET ADDRESS: **211 LAKE CHARLES COURT**
 CITY-ST-ZIP: **OLDSMAR FL 34677**

TITLE: ☐ Delete
 NAME:
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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: **Dwayne K. Lebel**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-8-02

Date

727 375 2200

Daytime Phone #

CR2E034 (9/01)