

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000099501

1. Entity Name
FURNITURE PLUS OF SARASOTA, INC.

FILED
Apr 27, 2001 8:00 am
Secretary of State

04-27-2001 90003 015 ***150.00

Principal Place of Business

**3333 N. TAMiami TRAIL
#10
SARASOTA FL 34234**

Mailing Address

**3333 N. TAMiami TRAIL
#10
SARASOTA FL 34234**

2. Principal Place of Business

5889 Airport Road

3. Mailing Address

5889 Airport Road

Suite, Apt. #, etc.

Suite 204

Suite, Apt. #, etc.

Suite 204

City & State

Port Orange, FL

City & State

Port Orange, FL

Zip

32124

Country

US

Zip

32124

Country

US

4. FEI Number

65-0883359

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

**LEE, RICHARD V
240 N. WASHINGTON BLVD
SUITE 200
SARASOTA FL 34236**

Name **Palmetto Charter Services, Inc.**

Street Address (P.O. Box Number is Not Acceptable)

150 Magnolia Avenue

City

Daytona Beach

FL

Zip Code

32114

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 not 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

TITLE **D** ☐ Delete
NAME **D'ARVILLE, TYRONNE**
STREET ADDRESS **TOWN CENTER MALL**
CITY-ST-ZIP **NASSAU BAHAMAS**

TITLE **D** ☒ Delete
NAME **LEE, RICHARD**
STREET ADDRESS **240 N. WASHINGTON, SUITE 200**
CITY-ST-ZIP **SARASOTA FL 34236**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D/P** ☒ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

COO/VP/S/T
NAME **Michael J. Creswell** ☐ Change ☒ Addition
STREET ADDRESS **5889 Airport Road, Suite 204**
CITY-ST-ZIP **Port Orange, FL 32124**

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

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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:

Michael J. Creswell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-3-2001 386-756-1271

CR2E034 (10/00)