

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2002 8:00 am
Secretary of State

04-11-2002 90700 006 ***150.00

0011425 AV

DOCUMENT # P98000099501

1. Entity Name

FURNITURE PLUS OF SARASOTA, INC.

Principal Place of Business

**5889 AIRPORT ROAD
SUITE 204
PORT ORANGE FL 32124**

Mailing Address

**5889 AIRPORT ROAD
SUITE 204
PORT ORANGE FL 32124**

2. Principal Place of Business

1523 S. NOVA ROAD

Suite, Apt. #, etc.

3. Mailing Address

1523 S. NOVA ROAD

Suite, Apt. #, etc.

City & State

DAYTONA BEACH, FL

Zip

32114

Country

VOLUSIA

City & State

DAYTONA BEACH, FL

Zip

32114

Country

VOLUSIA

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

**PALMETTO CHARTER SERVICES, INC.
150 MAGNOLIA AVENUE
PORT ORANGE FL 32114**

Daytona Bch, FL 32114

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	DP	<input type="checkbox"/> Delete
NAME	D'ARVILLE, TYRONNE	
STREET ADDRESS	TOWN CENTER MALL	
CITY-ST-ZIP	NASSAU BAHAMAS	
TITLE	COOT	<input type="checkbox"/> Delete
NAME	CRESWELL, MICHAEL J	
STREET ADDRESS	5889 AIRPORT ROAD, SUITE 204	
CITY-ST-ZIP	PORT ORANGE FL 32124	
TITLE	VPS	<input type="checkbox"/> Delete
NAME	CRESWELL, MICHAEL J	
STREET ADDRESS	5889 AIRPORT ROAD, SUITE 204	
CITY-ST-ZIP	PORT ORANGE FL 32124	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D'ARVILLE, TYRONNE	
STREET ADDRESS	1523 S NOVA ROAD	
CITY-ST-ZIP	DAYTONA BEACH, FL 32114	
TITLE	COOT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRESWELL, MICHAEL J	
STREET ADDRESS	1523 S NOVA ROAD	
CITY-ST-ZIP	DAYTONA BEACH, FL 32114	
TITLE	VPS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRESWELL, MICHAEL J	
STREET ADDRESS	1523 S NOVA ROAD	
CITY-ST-ZIP	DAYTONA BEACH, FL 32114	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 or without other like empowered.

SIGNATURE:

MICHAEL J CRESWELL
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/09/02 **(386) 226-1212**
Date Daytime Phone #

CR2E034 (9/01)