2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 17, 2000 8:00 am
Secretary of State
08-17-2000 90103 041 ***150.00

DOCUMENT # P99000010175

1. Entity Name
NORM'S FLORIDA FURNITURE OUTLET INC

Principal Place of Business: 4371 34TH ST S, SAINT PETERSBURG FL 33711-4546

Mailing Address:

2. Principal Place of Business	3. Mailing Address
4371 34TH ST S	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: ST PETERSBURG FL	City & State
Zip: 33711. Country: PINELLAS	Zip: Country:

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-3546213 ☐ 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
NORMAN DUFRESNE 4312 50TH AVE S0 ST PETERSBURG FL 33711	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, 2000 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: PRESIDENT NAME: NORMAN DUFRESNE STREET ADDRESS: 4312 50TH AVE S0 CITY-ST-ZIP: ST PETERSBURG FL 33711	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (9/99)

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: [signature] PRS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Attachment
P99 0000 10175
DW7960

5/15/00

DEPT OF STATE

ENCLOSED IS FORM UBR WHICH I GOT FROM MY ACCOUNTANT. I DID NOT RECEIVE ANY NOTICES OR FORMS TO PAY THIS FEE ON TIME PER OUR CONVERSATION ON 5/14/00 I AM NOW PAYING 150.00 FEE

NORMS FLORIDA FURNITURE OUTLET INC

Norm DeFranco PRS