2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P9900011258

1. Entity Name

OFFICE FURNITURE STRATEGIES, INC.



FILED
Apr 17, 2003 8:00 am
Secretary of State

04-17-2003 90205 040 ***150.00

| TITLE NAME STREET ADDRESS CITY-ST-ZIP WILLIAMSON, ARTHUR R 651 MISTY CREEK DR. MELBOURNE FL 32940 Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP WILLIAMSON, JOAN B STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | | GOO WE THE | ' | | | | |
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| Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State CHECK HERE IF MAKING CHANGES Applied For Not Applicable Sa.75 Additional Fee Required Sa.75 Addi | 651 MISTY CREEK DR. | | | 651 MISTY CREEK DR. | | | | | (((00) ((9) 0 () 00) | 31181 (816 288) | |
| Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State CHECK HERE IF MAKING CHANGES Applied For Not Applicable Sa.75 Additional Fee Required Sa.75 Addi | | | | | | | | | | | |
| City & State A. FEI Number NOT APPLICABLE Nor Applicable Set Required Set Required Fee Required | 2. Principal P | lace of Busir | iess | 3. Mailing Address | | | | | \$1 0 0 7 11 810 (\$ 00 1 1 | OIABI IBII IBDI | |
| Zip Country S. Ce-tif cate of Status Desired S8.75 Additional Fee Required 6. Name and Address of Current Registered Agant | Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | | - | ☐ CHECK HERE IF MAKING CHANGES | | | |
| Zip Country S. Ce-tif cate of Status Desired S8.75 Additional Fee Required 6. Name and Address of Current Registered Agant | City & Stat | | · · · · · · · · · · · · · · · · · · · | City & State | | | 1 | 4 FEI Number | | | |
| 6. Name and Address of Current Registered Agent WILLIAMSON, ARTHUR R 651 MISTY CREEK DR. MELBOURNE FL 32940 City FL Zip Code City FL Zip Code City FL Zip Code City FL Zip Code 6. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent. SIGNATURE FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS II. WILLIAMSON, ARTHUR R SIREEL ADDRESS WILLIAMSON, ARTHUR R SIREEL ADDRESS CITY-ST-2P MELBOURNE FL 32940 Detele MAME SIREEL ADDRESS CITY-ST-2P MILLAMSON, FEE SUBMAR SIREEL ADDRESS CITY-ST-2P MILLAMSON, SIREEL ADDRESS CITY-ST-2P MILLAMSON, SIREEL ADDRESS CITY-ST-2P MILLAMSON, JOAN B SIREEL ADDRESS CITY-ST-2P MILLAMSON, JOAN | Ony & State | | | | | | | I MAT ADDITORIS | | | |
| WILLIAMSON, ARTHUR R 651 MISTY CREEK DR. MELBOURNE FL 32940 End of the property of the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the cobligations of registered agent. SIGNATURE FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE NAME STREET ADDRESS CITY-ST-ZP MELBOURNE FL 32940 WILLIAMSON, JOAN B STREET ADDRESS CITY-ST-ZP MELBOURNE FL 32940 Delete TITLE NAME STREET ADDRESS CITY-ST-ZP MELBOURNE FL 32940 Delete TITLE NAME STREET ADDRESS CITY-ST-ZP MELBOURNE FL 32940 Delete TITLE NAME STREET ADDRESS CITY-ST-ZP MELBOURNE FL 32940 Delete TITLE NAME STREET ADDRESS CITY-ST-ZP MELBOURNE FL 32940 Delete TITLE NAME STREET ADDRESS CITY-ST-ZP MELBOURNE FL 32940 Delete TITLE NAME STREET ADDRESS CITY-ST-ZP MELBOURNE FL 32940 Delete TITLE NAME STREET ADDRESS CITY-ST-ZP MELBOURNE FL 32940 Delete TITLE NAME STREET ADDRESS CITY-ST-ZP MELBOURNE FL 32940 Delete TITLE NAME STREET ADDRESS CITY-ST-ZP MELBOURNE FL 32940 Delete TITLE NAME STREET ADDRESS CITY-ST-ZP MELBOURNE FL 32940 Delete TITLE NAME STREET ADDRESS CITY-ST-ZP MELBOURNE FL 32940 Delete TITLE NAME STREET ADDRESS CITY-ST-ZP MELBOURNE FL 32940 Delete TITLE NAME STREET ADDRESS CITY-ST-ZP MELBOURNE FL 32940 Delete TITLE NAME STREET ADDRESS CITY-ST-ZP MELBOURNE FL 32940 Delete TITLE NAME STREET ADDRESS CITY-ST-ZP MELBOURNE FL 32940 Delete TITLE NAME STREET ADDRESS CITY-ST-ZP MELBOURNE FL 32940 Delete TITLE NAME STREET ADDRESS CITY-ST-ZP MELBOURNE FL 32940 Delete TITLE NAME STREET ADDRESS CITY-ST-ZP MELBOURNE FL 32940 DELETE ADDRESS CITY-ST-ZP MELBOURNE FL | Zip | Country | | Zip | Country | | 5. | | | | |
| WILLIAMSON, ARTHUR R 651 MISTY CREEK DR. MELBOURNE FI, 32940 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 FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ITILE NAME STREET ADDRESS GITY-ST-ZIP MILLIAMSON, ARTHUR R 651 MISTY CREEK DR. MILLIAMSON, JOAN B 651 MISTY CREEK DR. MELBOURNE FI, 32940 TILE WILLIAMSON, JOAN B 651 MISTY CREEK DR. MELBOURNE FI, 32940 TILE WILLIAMSON, JOAN B 651 MISTY CREEK DR. MELBOURNE FI, 32940 TILE MAME STREET ADDRESS GITY-ST-ZIP TILE Delete TILE MAME STREET ADDRESS GITY-ST-ZIP TILE Delete TILE Delete TILE Delete TILE Delete TILE DELETIONS CHANGES CONTING ACCEPTABLE ADDRESS GITY-ST-ZIP TILE DELETIONS CHANGES GITY-ST-ZIP TILE DELETIONS CHANGES GITY-ST-ZIP TILE DELETIONS CHANGES GITY-ST-ZIP TILE Delete TILE DELETIONS CHANGES CONTON TO THE PROPRIED CONTON TO THE PROPRIED CHANGES CONTON TO THE PROPRIED CHANGES CONTON TO THE PROPRIED CHANGES CONTON TO THE PRO | | 6. Name | and Address of Current | Registered Agent | | | - 7. -∣ | Name and Address of New Registered | Agent - | - | |
| BST MISTY CREEK DR. MELBOURNE FL 32940 City FL Zip Code B. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fiorida. I am familiar with, and accept the robigations of registered agent. SIGNATURE FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Fiorida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE NAME SIREET ADDRESS CITY-ST-ZIP MILIAMSON, ARTHUR R 651 MISTY CREEK DR. MELBOURNE FL 32940 TITLE D WILLIAMSON, JOAN B 651 MISTY CREEK DR. MELBOURNE FL 32940 TITLE D WILLIAMSON, JOAN B 651 MISTY CREEK DR. SIREET ADDRESS CITY-ST-ZIP TITLE D Delete TITLE D WILLIAMSON, JOAN B 651 MISTY CREEK DR. SIREET ADDRESS CITY-ST-ZIP TITLE D Delete TITLE D WILLIAMSON, JOAN B 651 MISTY CREEK DR. SIREET ADDRESS CITY-ST-ZIP TITLE D Delete TITLE D Delete TITLE D Delete TITLE D MAME SIREET ADDRESS CITY-ST-ZIP TITLE D Delete TITLE D DELET ADDRESS CITY-ST-ZIP TITLE D DELET ADDRESS CITY-ST-ZIP TITLE D DELET ADDRESS CITY-ST-ZIP TITLE D DELETE ADDRESS CITY-ST-ZIP TITLE D DELET ADDRESS CITY-ST-ZIP TITLE D DELETE ADDRESS CITY-ST-ZIP TITLE D DELETE ADDRESS CITY-ST-ZIP TITLE D DELETE ADDRESS CITY-ST-Z | , | | | | | | | | | | |
| MELBOURNE FL 32940 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 repolipations of registered agent. Signature Signature, typind or printed name of registered agent and stell applicable. (NOTE: Registered Agent signature required when reinstating) PILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE D D WILLIAMSON, ARTHUR R STREET ADDRESS OUTY-ST-ZIP TITLE D D D D D DEIDLE TITLE D WILLIAMSON, JOAN B STREET ADDRESS OUTY-ST-ZIP TITLE D D D DEIDLE TITLE D WILLIAMSON, JOAN B STREET ADDRESS OUTY-ST-ZIP TITLE MAME NAME STREET ADDRESS CITY-ST-ZIP TITLE Delate TITLE | • | | | | | Street Address (P.O. Box Number is Not Acceptable) | | | | | |
| B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typind or proted name of registered agent and title if applicable. (NOTE: Registered Agent algorature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 | | | | | | | | | | | |
| SIGNATURE Signature, typed or printed agent and title if applicable. (NOTE; Registered Agent signature required when reinstating) DATE | | | | | | | | FL | Zip Code | e | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS | | | | r the purpose of changing its | s register | ed office or reg | gistered ag | gent, or both, in the State of Florida. I am | familiar with, | and accept | |
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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:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

SIGNATURE:

NAME

TITLE NAME

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-7/P

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

3/31/03 321.752-5159

☐ Change

☐ Addition

CR2E034 (10/0)