

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2001 8:00 am
Secretary of State

02-03-2001 90023 025 ***150.00

DOCUMENT # P99000017562

1. Entity Name

DISCOUNT FURNITURE OUTLET, INC.

Principal Place of Business

75 TWELFTH ST SOUTH
 JACKSONVILLE BEACH FL 32250

Mailing Address

75 TWELFTH ST SOUTH
 JACKSONVILLE BEACH FL 32250

2. Principal Place of Business

1384 Beach Blvd.
 Suite, Apt. #, etc.

3. Mailing Address

1384 Beach Blvd.
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Jacksonville Beach, FL

City & State

Jacksonville Beach, FL

4. FEI Number

59-3561750

Applied For

Not Applicable

Zip

Country

32250

USA

Zip

Country

32250

USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

COHEN, LANCE P
1723 BLANDING BLVD, SUITE 102
JACKSONVILLE FL 32210

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
 NAME **JONES, ROBERT C**
 STREET ADDRESS **75 TWELFTH ST SOUTH**
 CITY-ST-ZIP **JACKSONVILLE BEACH FL 32250**

TITLE ☒ Change ☐ Addition
 NAME **1384 Beach Blvd.**
 STREET ADDRESS **JACKSONVILLE BEACH, FL 32250**

TITLE **D** ☐ Delete
 NAME **JONES, DEAN**
 STREET ADDRESS **75 TWELFTH ST SOUTH**
 CITY-ST-ZIP **JACKSONVILLE BEACH FL 32250**

TITLE ☐ Change ☐ Addition
 NAME **1384 Beach Blvd.**
 STREET ADDRESS **JACKSONVILLE BEACH, FL 32250**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

Dean C. Jones
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-26-01 (404) 249-1889

CR2E034 (10/00)