

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90016 006 ***150.00

DOCUMENT # P99000032198

1. Entity Name

FURNITURE BARON, INC.

Principal Place of Business

Mailing Address

2332 E EDGEWOOD DR
 LAKELAND FL

2332 E EDGEWOOD DR
 LAKELAND FL 33803-3607

2. Principal Place of Business

2332 Edgewood Dr E
 Suite, Apt. #, etc.

3. Mailing Address

2332 Edgewood Dr E
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Lakeland FL

City & State

Lakeland FL

4. FEI Number

593555633

Applied For

Not Applicable

Zip

33803

Country

PolK

Zip

33803

Country

PolK

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

HAER, ARTHUR L JR
2332 E EDGEWOOD DR
LAKELAND FL

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

Arthur L Haer Jr
 Signature, typed or printed name of registered agent and title, if applicable.

Arthur L Haer Jr
 (NOTE: Registered Agent signature required when reinstating)

01/05/00
 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	D	<input type="checkbox"/> Delete
NAME	BURHANS, BONNIE	
STREET ADDRESS	4 LATERRAZA	
CITY-ST-ZIP	LAKELAND FL 33813	
TITLE	D	<input type="checkbox"/> Delete
NAME	HAER, ARTHUR L JR	
STREET ADDRESS	1 LAKE HOLLINGSWORTH DR, UNIT #5	
CITY-ST-ZIP	LAKELAND FL 33803	
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
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CITY-ST-ZIP		

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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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Arthur L Haer Jr
 Signature and typed or printed name of signing officer or director

Date

Daytime Phone #

01/05/00 941-6685550
 Date Daytime Phone #