

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2000 8:00 am
Secretary of State

02-21-2000 90011 045 ***150.00

615456



DO NOT WRITE IN THIS SPACE

DOCUMENT # P99000080920

1. Entity Name

FLORIDA CHOICE FURNISHINGS, INC.

Principal Place of Business

Mailing Address

3501 W. VINE ST., STE. 130
 KISSIMMEE FL 34741

3501 W. VINE ST., STE. 130
 KISSIMMEE FL 34741-4660

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0951969

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

CARLISLE, RONALD W
PMB 340, 501 N. ORLANDO AVE. #313
WINTER PARK FL 32789-7313

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** ☐ Delete
 NAME **KAREN WOODWARD**
 STREET ADDRESS **3501 W. VINE ST. #130**
 CITY-ST-ZIP **KISSIMMEE FL 34741**

TITLE ☐ Change ☒ Addition
 NAME **←**
 STREET ADDRESS **←**
 CITY-ST-ZIP **←**

TITLE **V. PRES** ☐ Delete
 NAME **NEIL WOODWARD**
 STREET ADDRESS **3501 W. VINE ST. #130**
 CITY-ST-ZIP **KISSIMMEE, FL. 34741**

TITLE ☐ Change ☒ Addition
 NAME **←**
 STREET ADDRESS **←**
 CITY-ST-ZIP **←**

TITLE **SECT.** ☐ Delete
 NAME **RONALD W. CARLISLE**
 STREET ADDRESS **PMB 340, 501 N. ORLANDO AVE #313**
 CITY-ST-ZIP **WINTER PARK, FL 32789**

TITLE ☐ Change ☐ Addition
 NAME **←**
 STREET ADDRESS **←**
 CITY-ST-ZIP **←**

TITLE ☐ Delete
 NAME **←**
 STREET ADDRESS **←**
 CITY-ST-ZIP **←**

TITLE ☐ Change ☐ Addition
 NAME **←**
 STREET ADDRESS **←**
 CITY-ST-ZIP **←**

TITLE ☐ Delete
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 STREET ADDRESS **←**
 CITY-ST-ZIP **←**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/4/00

Date

407-847-0046

Daytime Phone #