

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000081670

1. Entity Name

FULL CIRCLE OFFICE FURNITURE, INC.

FILED
May 10, 2001 8:00 am
Secretary of State

05-10-2001 90123 029 ***150.00

Principal Place of Business

3790 NW 18 STREET
FORT LAUDERDALE FL 33311

Mailing Address

3579 N W 33RD STREET
LAUDERDALE LAKES FL 33309

2. Principal Place of Business

Full Circle Office Furniture
Suite, Apt. #, etc.

3. Mailing Address

1890 NW 38 AVE
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Lauderhill, FL
Zip 33311 Country USA

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Lauderhill, FL
Zip USA Country USA

4. FEI Number 65-0948427

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

Pinnock-Walters
PINNOCK-WALTERS, CAROL
3579 N W 33RD STREET
LAUDERDALE LAKES FL 33309

7. Name and Address of New Registered Agent

Name CAROL PINNOCK-WALTERS
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

4/11/01

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD PINNOCK-WALTERS, CAROL 3579 N W 33RD STREET LAUDERDALE LAKES FL 33309	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD WALTERS, GEORGE 3579 N W 33RD STREET LAUDERDALE LAKES FL 33309	<input checked="" type="checkbox"/> Delete AS Treasurer
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Tarik Downie 3579 NW 33 ST Laud. Lakes, FL 33309	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER TARIK J.S. DOWNIE 3579 NW 33 ST Lauderdale Lakes, FL 33309	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President George WALTERS 3579 NW 33 ST Lauderdale Lakes, FL 33309	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

4/11/01

Date

Daytime Phone #

9547172090