

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 02, 2002 8:00 am
Secretary of State

05-02-2002 90157 029 ***150.00

DOCUMENT # **P99000081070** ✓

1. Entity Name **Full Circle OFFICE
FURNITURE, INC.**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1890 NW 38 AVE

Suite, Apt. #, etc.

3. Mailing Address

1890 NW 38 AVE

Suite, Apt. #, etc.

City & State

hauderhill, FL

Zip

33311

Country

USA

City & State

hauderhill, FL

Zip

33311

Country

USA

4. FEI Number

65-0948427

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

CAROL PINNOCK-WALTERS

Street Address (P.O. Box Number is Not Acceptable)

3579 NW 33 ST

City

hauderdate lakes FL

Zip Code

33309

**DO NOT WRITE
IN THIS SPACE**

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) ☐

January 1 - May 1 Fee is \$150.00.

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 **D** **PRESIDENT / SECY.**
NAME **CAROL F. PINNOCK-WALTERS**
STREET ADDRESS **3579 NW 33 ST**
CITY-ST-ZIP **haud. lakes, FL 33309**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** **VP**
NAME **George Walters**
STREET ADDRESS **3579 NW 33 ST**
CITY-ST-ZIP **haud. lakes, FL 33309**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** **TREASURER**
NAME **TARIK DOWDIE**
STREET ADDRESS **3579 NW 33 ST**
CITY-ST-ZIP **haud. lakes, FL 33309**

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

95471149090

CR2E034B (12/01)