## 2003 FOR PROFIT CORPORATION

## May 05, 2003 8:00 am **UNIFORM BUSINESS REPORT (UBR)** Secretary of State P99000081670 DOCUMENT # 05-05-2003 91424 048 \*\*\*150.00 1. Entity Name FULL CIRCLE OFFICE FURNITURE, INC. Principal Place of Business Mailing Address 1890 NW 38 AVE 1890 NW 38 AVE FORT LAUDERDALE FL 33311 FORT LAUDERDALE FL 33311 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES Applied For City & State City & State 4. FEI Number 65-0948427 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PINNOCK-WALTERS, CARIL Street Address (P.O. Box Number is Not Acceptable) 3579 N W 33RD STREET LAUDERDALE LAKES FL 33309 City Zin 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing .\$5.00 May Be-After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ;R2E034 (10/02 ☐ Delete ☐ Change Addition TITLE TITLE PINNOCK-WALTERS, CAROL NAME -NAME STREET ADDRESS 3579 N W 33RD STREET STREET ADDRESS LAUDERDALE LAKES FL 33309 CITY-ST-7IP CITY-ST-ZIP VPD + TREASUVER D. ☐ Delete Change Addition TITLE VPD TITLE Walters, George NAME NAME WALTERS, GEORGE STREET ADDRESS 3579 NW 33 57 STREET ADDRESS 3579 N W 33RD STREET CITY-ST-ZIP LAUDERDALE LAKES FL 33309 CITY-ST-ZIP Delete TITLE ☐ Change □1 Addition TITLE TD NAME DONNIE, TARIK 3579 NW 33RD STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE FL 33309 ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME

12. 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 office or director of the corporation or the receiver or trustee empowered to execute this report as rechanged, or on an attachment with an address, with all other like empowered. quired by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

STREET ADDRESS

CITY~ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE RE