

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

07-11-2003 90056 009 \*\*\*150.00  
P99000089377

FILED

03 OCT -9 PM 2:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P99000089377

1. Entity Name

OFFICE CHAIRS UNLIMITED, INC.



Principal Place of Business  
7148 N. UNIVERSITY DRIVE  
TAMARAC FL 33321

Mailing Address  
7148 N. UNIVERSITY DRIVE  
TAMARAC FL 33321

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

65-0951545

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

GOODIN, HEDY  
7148 N. UNIVERSITY DRIVE  
TAMARAC FL 33321

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. 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 reissuing)

DATE

FILE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution.

☐ \$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
GOODIN, HEDY  
7148 N. UNIVERSITY DRIVE  
TAMARAC FL 33321 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07/07/2003 (954) 586-2401

Date Daytime Phone #

CR2ED34 (4/03)

July 7, 2003

Florida Department of State  
Division of Corporations  
Uniform Business Report Filings  
PO Box 1500  
Tallahassee, FL 32302

Sirs:

For some reason this year we did not receive our UBR  
in the mail during January or February.

We have now received the 2003 UBR & we are filing  
it accordingly.

Please find attached the completed & signed filing  
form along with our \$ 150 filing fee.

Thank you.



Hedy Goodin  
Office Chairs Unlimited Inc

10/09/03

ATTN: BARBARA  
(850) 245-6017

AS PER OUR TELEPHONE  
CONVERSATION PLEASE SEE  
THIS LETTER OF 07/11/03  
WHICH ACCOMPANIED OUR FILING  
& PAYMENT ATTACHED.  
AS A RESULT WE THOUGHT  
THAT ALL WAS O.K.  
UNTIL WE RECEIVED A  
DISSOLUTION NOTICE TODAY.  
PLEASE REINSTATE ~~THE~~  
CORPORATION IMMEDIATELY.  
THANKS AGAIN FOR  
YOUR ASSISTANCE

WE WOULD ALSO APPRECIATE  
YOU CALLING US AT (954) 586-2401  
TO CONFIRM THIS HAS BEEN  
TAKEN CARE OF. THX.