

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V12948

1. Entity Name

COMMERCIAL FURNITURE SALES, INC.

Principal Place of Business

P.O. BOX 676
SHARPES FL 32959

Mailing Address

P.O. BOX 676
SHARPES FL 32959

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number 59-3102631

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

HEAD, DAVID
2190 FRIDAY RD
COCOA FL 32926

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME HEAD, DAVID
STREET ADDRESS P. O. BOX 676 N/A
CITY-ST-ZIP SHARPES FL

☐ Delete

TITLE S
NAME HEAD, SHERI
STREET ADDRESS P. O. BOX 676 N/A
CITY-ST-ZIP SHARPES FL

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CITY-ST-ZIP

☐ Change ☐ 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:

David Head
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

David Head

Date

4-27-01

Daytime Phone #

321-631-6268

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90180 028 ***150.00

B0056972



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)