

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 91051 043 ***150.00

DOCUMENT # **V26696**

1. Entity Name
FURNITURE WORLD OF SOUTHWEST FLORIDA, INC.



Principal Place of Business
**15501-2 MCGREGOR BLVD.
FT. MYERS FL 33908**

Mailing Address
**15501-2 MCGREGOR BLVD.
FT. MYERS FL 33908**



2. Principal Place of Business
15631 SAN CARLOS BLVD.
Suite, Apt. #, etc.

3. Mailing Address
15631 SAN CARLOS BLVD.
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
FORT MYERS FL

City & State
FORT MYERS FL

4. FEI Number **65-0326141**

Applied For
 Not Applicable

Zip
33908

Country
USA

Zip
33908

Country
USA

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

MELVIN, J. KEITH
155010-2 MCGREGOR BLVD.
FT. MYERS FL 33908

Name: **J. KEITH MELVIN**
Street Address (P.O. Box Number is Not Acceptable)
15631 SAN CARLOS BLVD
City **FORT MYERS** **FL** Zip Code **33908**

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

J. Keith Melvin **J. KEITH MELVIN** **PRESIDENT**

3/12/03
DATE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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	VS MELVIN, DAWN R. 15651 SAN CARLOS BLVD FORT MYERS FL 33908	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MELVIN, J. KEITH 15651 SAN CARLOS BLVD FORT MYERS FL 33908	<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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	15631 SAN CARLOS BLVD FORT MYERS, FL 33908	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	15631 SAN CARLOS BLVD FORT MYERS, FL 33908	<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

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:

J. Keith Melvin **J. KEITH MELVIN**

3/12/03
Date

239-489-3311
Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)