

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 06, 2001 8:00 am
Secretary of State

02-06-2001 90244 026 ***150.00

0053497

DOCUMENT # P00000004354

1. Entity Name
AWR CABINETS, INC.

Principal Place of Business 409 B WEST KALEY STREET ORLANDO FL 32806	Mailing Address 409 B WEST KALEY STREET ORLANDO FL 32806
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2. Principal Place of Business 120 Coastline Rd.	3. Mailing Address 120 Coastline Rd.
Suite, Apt. #, etc. Ste. 1006	Suite, Apt. #, etc. Ste. 1006
City & State Sanford, FL	City & State Sanford, FL
Zip 32771	Country U.S.



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3632567	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**ELLIOTT, STEPHEN W
 409 B WEST KALEY STREET
 ORLANDO FL 32806**

7. Name and Address of New Registered Agent

Name - ← SAME
Street Address (P.O. Box Number is Not Acceptable) X 120 Coastline Rd.
Ste. 1006
City Sanford FL Zip Code 32771

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 *Stephen W. Elliott* **STEPHEN W. ELLIOTT** **2-2-01**
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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME D SCHEUERING, JOE R		NAME	
STREET ADDRESS 2210 INDIA BLVD.		STREET ADDRESS	
CITY-ST-ZIP DELTONA FL 32738		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME D ELLIOTT, STEPHEN W		NAME	
STREET ADDRESS 5155 PLATO COVE		STREET ADDRESS	
CITY-ST-ZIP SANFORD FL 32773		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: *Stephen W. Elliott* **STEPHEN W. ELLIOTT** **1-26-01** **407-323-1415**
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #

CR2E034 (10/00)