FILED
May 06, 2003 8:00 am
Secretary of State

05-06-2003 90044 020 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

80114381

DOCUMENT # P01000076959

1. Entity Name
TROPICAL TRIM AND CABINETS INC.

Principal Place of Business	Mailing Address
825 97TH AVENUE N NAPLES, FL 34108	POST OFFICE BOX 770264 NAPLES, FL 34107-0264

2. Principal Place of Business	3. Mailing Address
177 FORESTWOOD DR	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: NAPLES FL	City & State
Zip: 34110-1119 Country: USA	Zip Country

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3732638 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CARACH, RICHARD A
825 97TH AVENUE N
NAPLES, FL 34108

7. Name and Address of New Registered Agent

Name: same

Street Address (P.O. Box Number is Not Acceptable): 177 FORESTWOOD DRIVE

City: NAPLES, FL Zip Code: 34110-1119

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: Richard A Carach — Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE: 4-30-03

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	P CARACH, RICHARD A 825 97TH AVENUE N NAPLES, FL 34108	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	177 FORESTWOOD DRIVE NAPLES, FL 34110-1119	☒ Change ☐ Addition
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CR2E034 (10/02)

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: Richard A Carach — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date: 4-30-03 — Daytime Phone #: (239) 404-4095