

2001 UNIFORM BUSINESS REPORT (UBR)

2/5/

FILED
Mar 02, 2001 8:00 am
Secretary of State

02-05-2001 90061 003 ***150.00

DOCUMENT # P96000054620

1. Entity Name

THE CABINET DOCTOR, INC.

Principal Place of Business

5795 WASHINGTON ST
NAPLES FL 34109
US

Mailing Address

5795 WASHINGTON ST
NAPLES FL 34109
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

#4

Suite, Apt. #, etc.

#4

City & State

City & State

4. FEI Number **59-3388452**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GATTENY, DEANN
7327-A SANIBEL BLVD
FT MYERS FL 33912

7. Name and Address of New Registered Agent

Name

DANN Byrer

Street Address (P.O. Box Number is Not Acceptable)

5795 Washington St. #4

City

NAPLES

FL

Zip Code

34109

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2-27-01

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

TITLE	P	☐ Delete
NAME	BYRER, DANN	
STREET ADDRESS	5795 WASHINGTON ST #4	
CITY-ST-ZIP	NAPLES FL 34109	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

[Signature] **DANN F. BYRER**

Date

Daytime Phone

1-30-01

941-592-0299

CR2E034 (10/00)