

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 23, 2002 8:00 am**  
**Secretary of State**

04-23-2002 90437 020 \*\*\*150.00

**DOCUMENT # P99000100975**

1. Entity Name  
**HIS HANDS CABINETRY, INC.**

Principal Place of Business  
**220 SW 71ST WAY  
 PEMBROKE PINES FL 33023**

Mailing Address  
**1101 SW 127 TERRACE  
 FORT LAUDERDALE FL 33325**



2. Principal Place of Business  
**1101 SW 127 TERRACE**  
 Suite, Apt. #, etc.  
**DAVIE**

3. Mailing Address  
**1101 SW 127 TERRACE**  
 Suite, Apt. #, etc.

City & State  
**DAVIE FL**

City & State  
**DAVIE FL**

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0959901** Applied For  Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

Zip **33325** Country **BROWARD** Zip **33325** Country **BROWARD**

6. Name and Address of Current Registered Agent

**TRABOLD, RANDY**  
**220 SW 71ST WAY**  
**PEMBROKE PINES FL 33023**

7. Name and Address of New Registered Agent

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 **RANDY TRABOLD** Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

*Randy Trabold* DATE **4/10/02**

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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>TRABOLD, RANDY</b> <b>220 SW 71ST WAY</b> <b>PEMBROKE PINES FL 33023</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>TRABOLD RANDY</b> <b>1101 SW 127 TERRACE</b> <b>DAVIE FL 33325</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Randy Trabold* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **4/10/02** Daytime Phone # \_\_\_\_\_

CR2E034 (9/01)