

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 27, 2003 8:00 am**  
**Secretary of State**

02-27-2003 90133 023 \*\*\*150.00

**DOCUMENT # 308856**

1. Entity Name

**ETHERIDGE CABINET SHOP INC**



Principal Place of Business  
902 E. BALDWIN RD.  
PANAMA CITY FL 32405-2003

Mailing Address  
902 E. BALDWIN RD.  
PANAMA CITY FL 32405-2003

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-1115711**

Applied For

Not Applicable

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

**ETHERIDGE, HERBERT T., JR.**  
**2829 AGNES SCOTT DRIVE**  
**PANAMA CITY FL 32405**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**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  
**PD**  
**ETHERIDGE JR, HERBERT T** ☐ Delete  
**2829 AGNES SCOTT DR.**  
**PANAMA CITY FL**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**V/D** ☐ Change ☒ Addition  
**Lee C. Etheridge**  
**1517 Alabama Avenue**  
**Lynn Haven, FL 32444**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SD** ☒ Delete  
**ETHERIDGE, OPAL R.**  
**1917 TYNDALL DR.**  
**PANAMA CITY FL**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**S/T/D** ☐ Change ☒ Addition  
**Sandra Y. Etheridge**  
**2829 Agnes Scott Drive**  
**Panama City, FL 32405**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VD** ☒ Delete  
**MCCORMICK, JOHN D.**  
**1604 HICKORY AVE.**  
**PANAMA CITY FL**

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

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☐ Change ☐ 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:**

*Herbert T. Etheridge, Jr.*

**Herbert T. Etheridge, Jr., President 850-769-0201**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)