

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 426496

1. Entity Name

AMERICRAFT CABINETS, INC.

FILED
Apr 06, 2000 8:00 am
Secretary of State

04-06-2000 90031 003 ***150.00

Principal Place of Business

Mailing Address

383 TEXAS PARKWAY
CRESTVIEW FL 32536

383 TEXAS PARKWAY
CRESTVIEW FL 32536-2127

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1480857

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MADDEN, JOSEPH C
5845 WHITE OAK DRIVE
CRESTVIEW FL 32536

7. Name and Address of New Registered Agent

Name

MADDEN JOSEPH C

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

1577 Texas Pkwy

City

Crestview,

FL

Zip Code

32536

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1-4-2000

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, 2000 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 PS
NAME MADDEN, JOSEPH C.
STREET ADDRESS 5845 WHITE OAK DRIVE
CITY-ST-ZIP CRESTVIEW FL 32539 ☐ Delete

TITLE T
NAME MADDEN, CECILIA G
STREET ADDRESS 5845 WHITE OAK DR
CITY-ST-ZIP CRESTVIEW FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 1577 Texas Pkwy
CITY-ST-ZIP CRESTVIEW, FL 32536

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 1577 Texas Pkwy
CITY-ST-ZIP CRESTVIEW, FL 32536

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:

Joseph C Madden

Date

Daytime Phone #

1-4-2000 850 682 0960

CR2E034 (9/99)