

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

03-06-2003 90124 020 ***150.00

DOCUMENT # 426496

1. Entity Name
AMERICRAFT CABINETS, INC.



Principal Place of Business
**383 TEXAS PARKWAY
CRESTVIEW FL 32536**

Mailing Address
**383 TEXAS PARKWAY
CRESTVIEW FL 32536**

2. Principal Place of Business

3. Mailing Address

5450 Fairchild Rd **5450 Fairchild Rd**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Crestview FL

City & State

Crestview, FL

Zip

32539

Country

Oklaosa

Zip

32539

Country

Oklaosa

☒ CHECK HERE IF MAKING CHANGES

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

7. Name and Address of New Registered Agent

**MADDEN, JOSEPH C
1577 TEXAS PKWY.
CRESTVIEW FL 32536**

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	PS MADDEN, JOSEPH C. 1577 TEXAS PKWY CRESTVIEW FL 32536	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MADDEN, CECILIA G 1577 TEXAS PKWY CRESTVIEW FL 32536	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Joseph C. Madden
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-28-03

Date

Daytime Phone #

850 682 0960

CR2E034 (10/02)