# 2003 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Apr 09, 2003**
**Secretary of State**

DOCUMENT# 544161

**Entity Name:** SHAR-IN CABINETS, INC.

**Current Principal Place of Business:**

1965 CUSTOM DRIVE
FT. MYERS, FL 33907

**New Principal Place of Business:**

**Current Mailing Address:**

1965 CUSTOM DRIVE
FT. MYERS, FL 33907

**New Mailing Address:**

**FEI Number: 59-1768028** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DAVIS, LARRY J
1965 CUSTOM DRIVE
FT. MYERS, FL

**Name and Address of New Registered Agent:**

DAVIS, SHARON M
1965 CUSTOM DRIVE
FT. MYERS, FL 33907

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: SHARON DAVIS 04/09/2003
Electronic Signature of Registered Agent Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PD (X) Delete
Name: DAVIS, LARRY J,
Address: 5776 INVERNESS CIR.
City-St-Zip: N. FT. MYERS, FL

Title: ST ( ) Delete
Name: DAVIS, SHARON M.,
Address: 5776 INVERNESS CIR.
City-St-Zip: N. FT. MYERS, FL

Title: VP ( ) Delete
Name: PHILLIPS, MAX H
Address: 2465 BRIDGE RD
City-St-Zip: FORT MYERS, FL 33917

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: PD (X) Change ( ) Addition
Name: DAVIS, SHARON M.,
Address: 5776 INVERNESS CIR.
City-St-Zip: N. FT. MYERS, FL

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHARON DAVIS PD 04/09/2003
Electronic Signature of Signing Officer or Director Date