2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

Malling Address

2025 CATTLEMEN RD

SARASOTA FL 34232

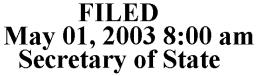
3. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

DOCUMENT # F07580 1. Entity Name



	05-01-2003 90378 008 °		
	☐ CHECK HERE IF MAKING C		
,	4. FEI Number	Applied For	
	59-2067175	Not Applicable	
ountry	5. Certificate of Status Desired See Required \$8.75 Additional Fee Required		
	7. Name and Address of New Registered Ag	ent	
Name	•		

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

8.	. The above named entity submits this statement for the purpose of changing its registered	d office or registered agent, or both, in the State of Floria	da. I am familiar with, and accept
	the obligations of registered agent.		·

City

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State

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

Country

6. Name and Address of Current Registered Agent

CABINETWARE, INC.

Principal Place of Business

2. Principal Place of Business

LUNKES, RICHARD J

2025 CATTLEMEN RD SARASOTA FL 34232

2025 CATTLEMEN RD

SARASOTA FL 34232

Suite, Apt. #, etc.

City & State

Zip

SIGNATURE

9. Election Campaign Financing Trust Fund Contribution.

DATE

\$5.00 May Be Added to Fees

Zip Code

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT LUNKES, JEROME C 1172 HORIZON VIEW SARASOTA FL 34242	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS LUNKES, MARY 1172 HORIZON VIEW SARASOTA FL 34242	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP LUNKES, RICHARD J 1172 HORIZON VIEW SARASOTA FL 34242	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change T	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete .	TITLE NAME STREET ADORESS CITY-ST-ZIP		Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	c	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:

HARD J LUNKES 4-28-03 941-379-5800