

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

FILED
Aug 18, 2003 8:00 am
Secretary of State

08-18-2003 90161 044 ***550.00

DOCUMENT # F99000001146

1. Entity Name

Crown Cabinet Corp.



DO NOT WRITE IN THIS SPACE

90150755

2. Principal Place of Business
1400 Warren Drive

Suite, Apt. #, etc.

3. Mailing Address
PO Box 1226

Suite, Apt. #, etc.

City & State
Marshall, TX

City & State
Marshall, TX

4. FEI Number
75-2460194

Applied For
Not Applicable

Zip
75672

Country
USA

Zip
75671

Country
USA

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name CT Corporation System

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

1200 South Pine Island Road

City Plantation

FL

Zip Code
33324

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

Gene Ponder, President
1400 Warren Drive
Marshall, TX 75672

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

Robert E. Smith, VP
1400 Warren Drive
Marshall, TX 75672

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

Robert A. Pearson, Treasurer/Secretary
1400 Warren Drive
Marshall, TX 75672

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR-ED-348 (12/02)