

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2002 8:00 am**  
**Secretary of State**

05-05-2002 90303 020 \*\*\*150.00

NR3250A 1A1

**DOCUMENT # G78686**  
 1. Entity Name  
**NORM'S CABINETS, INC.**

Principal Place of Business 1202 SE 5TH AVE CRYSTAL RIVER FL 34429 US	Mailing Address 1202 SE 5TH AVE CRYSTAL RIVER FL 34429 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>4921 S.W. 10th Ave</b>	3. Mailing Address <b>4921 S.W. 10th Ave</b>
Suite, Apt. #, etc. <b>CAPE CORAL</b>	Suite, Apt. #, etc.
City & State <b>FL</b>	City & State <b>CAPE CORAL, FL</b>

4. FEI Number <b>59-2384595</b>	Applied For <input type="checkbox"/> Not Applicable
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Zip <del>33914</del> <b>33914</b>	Country <b>LEE</b>	Zip <b>33914</b>	Country <b>LEE</b>
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  
**JANSKY, NORMAN C.**  
**1211 SE 5TH AVE**  
**CRYSTAL RIVER FL 34429**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
**4921 S.W. 10th AVE**  
 City  
**CAPE CORAL FL** Zip Code  
**33914**

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

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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	DP JANSKY, NORMAN C. 1211 SE 5TH AVE CRYSTAL RIVER FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	4921 S.W. 10th AVE. CAPE CORAL, FL 33914 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Address only
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Norman Jansky* **NORMAN JANSKY - owner/pres. 4/21/02** <sup>352</sup> <sub>383 2687</sub>  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)