2000 UNIFORM BUSINESS REPORT (UBR)

URE AND TYPED OR PRINTED NAME OF SIGN

FILED DOCUMENT # H71254 May 02, 2000 8:00 am **Secretary of State** BOZEMAN CABINET SHOP, INC. 05-02-2000 90124 005 ***150.00 Principal Place of Business Mailing Address 346 KRAFT AVENUE 346 KRAFT AVENUE PANAMA CITY FL 32401-5431 PANAMA CITY FL 32401 Principal Place of Business 3009 Suite, Apt. #, etc. Suite Apt # etc DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2589664 DURMA (Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name RAY...KENNETH L. 3009 @ PANAMA CITY FL 32401 翌年401 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change ☐ Addition Delete TITLE TITLE NAME RAY, KENNETH L NAME STREET ADDRESS STREET ADDRESS 1714 FOSTER AVE. CITY-ST-ZIP CITY-ST-ZIP PANAMA CITY FL ☐ Change Addition Delete TITLE NAME BOZEMAN, EVELYN A. NAME STREET ADDRESS 2105 E. 2ND CT. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PANAMA CITY FL Delete TITLE Change ☐ Addition TITLE NAME BOZEMAN, JAMES R. NAME STREET ADDRESS STREET ADDRESS 2105 E. 2ND CT .. _ CITY-ST-ZIP CITY-ST-ZIP PANAMA CITY FL Change ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.