

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90361 038 ***150.00

0533965 AV

DOCUMENT # H75212

1. Entity Name
G & R CABINETS, INC.



Principal Place of Business
% GUMERSINDO ORTEGA
4584 ENTERPRISE AVE
NAPLES FL 33942

Mailing Address
% GUMERSINDO ORTEGA
4584 ENTERPRISE AVE
NAPLES FL 33942



2. Principal Place of Business
G & R Cabinets

3. Mailing Address

Suite, Apt. #, etc.
9

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2577510**

Applied For

Not Applicable

Zip
34104

Country

Zip
34104

Country

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ORTEGA, GUMERSINDO
4584 ENTERPRISE AVE
NAPLES FL 33942

Name
Ortega, Roy
Street Address (P.O. Box Number is Not Acceptable)
3895 7th Ave N.W.
City
NAPLES FL Zip Code
34120

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 **Ortega, Roy**

Roy Ortega

4-21-03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
NAME **ORTEGA, ROY**
STREET ADDRESS **3895 75H AVENUE NW**
CITY-ST-ZIP **NAPLES FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DT** ☐ Delete
NAME **ORTEGA, GUMERSINDO**
STREET ADDRESS **2190 GOLDEN GATE W BLVD**
CITY-ST-ZIP **NAPLES FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: **Roy Ortega** PD
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-21-03 (239) 643-2077
Date Daytime Phone #

CR2E034 (10/02)