

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 04, 2001 8:00 am**  
**Secretary of State**  
 04-04-2001 90123 049 \*\*\*150.00

A0042702

DO NOT WRITE IN THIS SPACE

<b>DOCUMENT #</b> J23632 ✓ <b>1. Entity Name</b> Krause Cabinets Inc.			
Principal Place of Business		Mailing Address	
<b>2. Principal Place of Business</b> 1300 Andrew St. Suite, Apt. #, etc.		<b>3. Mailing Address</b> 1300 Andrew St. Suite, Apt. #, etc.	
City & State	City & State	4. FEI Number	Applied For
Inverness, FL	Inverness, FL	59-2745215	Not Applicable
Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
34453	USA		
<b>6. Name and Address of Current Registered Agent</b> W. Elden Krause 1300 Andrew St. Inverness, FL 34453		<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
<b>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.</b> SIGNATURE <u>W. Elden Krause</u> DATE <u>3-31-01</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.</b> <input checked="" type="checkbox"/> <small>(See criteria on back)</small>		<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	
<b>11. OFFICERS AND DIRECTORS</b>		<b>12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE <u>Director</u> <input type="checkbox"/> Delete NAME <u>W. Elden Krause</u> STREET ADDRESS <u>1300 Andrew St.</u> CITY-ST-ZIP <u>Inverness, FL 34453</u>	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
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<b>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.</b>			
<b>SIGNATURE:</b> <u>W. Elden Krause</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>3-31-01</u> <u>352-344-8855</u> <small>Date Daytime Phone #</small>	

CR2E034 (11/00)