2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 19, 2001 8:00 am Secretary of State J63799 DOCUMENT # 1. Entity Name 05-19-2001 90277 022 ***150.00 America's Best Cabinetry, Inc. Principal Place of Business Mailing Address 103 East Lauren Court 103 East Lauren Court Fern Park, F1 32730 Fern Park, F1 32730 768429 2. Principal Place of Business 3. Mailing Address 5384 Orange Blvd. 685-B Georgia Avenue Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2845655 Sanford, Florida Longwood, Florida Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 32771 32750 USA · USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DeLude, Edward G. Rosa DeVore 103 East Lauren Court Street Address (P.O. Box Number is Not Acceptable) <u>685-B Georgia Avenue</u> Fern Park, Florida Zip Code 32750 Longwood, 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. (NOTE: Registered Agent signature required when reinstating) yped or printed name of registered agent and title if applicable. 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, 2001 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 11. CR2E034 (11/00) TITLE P/T Hoenicke, Wilford C. 18 Change TITLE P/T Hoeniche, Wilford ☐ Delete NAME NAME 5384 Orange Blvd. 1233 Matures Way STREET ADDRESS STREET ADDRESS Winter Springs, Florida 32708 Sanford, Florida 32771 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition 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

FILED