

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90112 018 ***150.00

DOCUMENT # J88484

1. Entity Name
CABINETS PLUS OF SOUTHWEST FLORIDA, INC.



Principal Place of Business
5450 WILLIAMSBURG DR.
PUNTA GORDA FL 33982

Mailing Address
5450 WILLIAMSBURG DR.
PUNTA GORDA FL 33982



2. Principal Place of Business

Cell Charlotte St.
Suite, Apt. #, etc.

3. Mailing Address

Cell Charlotte St.
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
Punta Gorda, FL

City & State
Punta Gorda FL

4. FEI Number **59-2845130**

Applied For
Not Applicable

Zip
33950

Country

Zip
33950

Country

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

6. Name and Address of Current Registered Agent

FRY, JAMES H.
5450 WILLIAMSBURG DR.
PUNTA GORDA FL 33982

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **FRY, JAMES H.**
STREET ADDRESS **5450 WILLIAMSBURG DR.**
CITY-ST-ZIP **PUNTA GORDA FL**

TITLE **VD** ☐ Delete
NAME **FRY, JAMES E.**
STREET ADDRESS **5450 WILLIAMSBURG DR.**
CITY-ST-ZIP **PUNTA GORDA FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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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:

SIGNATURE REQUIRED
James H. Fry
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/1/03 **941-639-6688**

CR2E034 (10/02)