

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K01489

1. Entity Name
THE CABINET SHOP OF LEE COUNTY, INC.

FILED
Mar 12, 2001 8:00 am
Secretary of State

03-12-2001 90505 048 ***158.75

Principal Place of Business
2550 EDISON AVE
FT. MYERS FL 33901

Mailing Address
2550 EDISON AVE
FT. MYERS FL 33901



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0012396

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WHEELER, TIMOTHY
2550 EDISON AVE
FT. MYERS FL 33901

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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME WHEELER, L EDGAR, JR
STREET ADDRESS 2550 EDISON AVE.
CITY-ST-ZIP FT. MYERS FL ☐ Delete

TITLE VP
NAME WHEELER, L EDGAR, JR.
STREET ADDRESS 2550 EDISON AVE.
CITY-ST-ZIP FT. MYERS, FL. ☒ Change ☐ Addition

TITLE V
NAME TRIPP, TERRENCE
STREET ADDRESS 2550 EDISON AVE
CITY-ST-ZIP FT MYERS FL ☐ Delete

TITLE VP
NAME TRIPP, TERRENCE
STREET ADDRESS 2550 EDISON AVE.
CITY-ST-ZIP FT. MYERS, FL. ☒ Change ☐ Addition

TITLE V
NAME WHEELER, TIMOTHY
STREET ADDRESS 2550 EDISON AVE
CITY-ST-ZIP FT MYERS FL ☐ Delete

TITLE PD
NAME WHEELER, TIMOTHY
STREET ADDRESS 2550 EDISON AVE.
CITY-ST-ZIP FT. MYERS, FL. ☒ Change ☐ Addition

TITLE ST
NAME WHEELER, LOUISE
STREET ADDRESS 2550 EDISON AVE
CITY-ST-ZIP FT MYERS FL ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

✓ 3-8-01 ✓ 941-334-2046
Date Daytime Phone #

CR2E034 (10/00)