2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K21141

1. Entity Name

B.L. CUSTOM CABINET, INC.

FILED
Mar 12, 2001 8:00 am
Secretary of State
00.10.0001.00000.000.000

03-12-2001 90029 002 ***150.00

Principal Place			Mailing Address								
% robert larocque 193 SW 15TH ST DEERFIELD BEACH FL 33441 US			% ROBERT LAROCQUE 1430 S.W. THIRD TERRACE DEERFIELD BEACH FL 33441					1881 11881 (1851 6	ikas iisi sisii a	ien artır bibli Bi	8 1(8 1 8)1 (88 1
2. Principal Pl	lace of Business		3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.					DO NOT W	RITE IN THIS	SPACE	
City & State			City & State		4. FE	Number	65-00787	728		pplied For	
Zip	Cour	itry	Zip	Cour	ntry	5. Ce	rtificate of \$	Status Desire	d 🗆	\$8.75 Ac	Iditional
	6. Name and Ad	Idress of Current Re	egistered Agent			7. Na	me and Ad	dress of Nev	v Registered	Agent	
		Idios of dancie	giotorea rigent		Name						
1430	ocque, Robert S.W. Third Teri Rfield Beach Fl				Street Addre	ess (P.O. Bo	Number is	Not Accepta	able)	·	
					City		·-··	 	F	Zip Co	de
8. The above	named entity submi	ts the clatement for the	he purpose of chang	ing its register	ed office or reg	gistered ager	nt, or both, i	n the State of	Florida.	/ /	,
SIGNATURE .	Tolet	Refug	1	1RES					3/4 DATE	19/0	_
	9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. FILE NOW! After MAY 1, 20			(NOTE: Registere	ed Agent signature rec	equired when reins	itating)		DATE		
Tax filing r	pration is eligible to s requirement and elec	atisfy its Intangible	FILE N	NOW!!! FEE	IS \$150.00 will be \$550.	.00	10. Election	on Campaign Fund Contribu	Financing		00 May Be ed to Fees
Tax filing r (See criter	pration is eligible to s requirement and elec	atisfy its Intangible cts to do so.	FILE N After MAY Make Check I	NOW!!! FEE '1, 2001 Fee Payable to D	IS \$150.00 will be \$550.	.00 State	10. Election	Fund Contribu	Financing ution.	☐ Ådde	ed to Fees
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indicated on this report or supplemental report is trop 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 employered 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 expowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR