

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K27609

1. Entity Name

J & J CABINETS, INC.

**FILED**  
**Jan 19, 2000 8:00 am**  
**Secretary of State**

01-19-2000 90252 020 \*\*\*150.00

Principal Place of Business Mailing Address  
% RICHARD FERRUGGIA & KATHY S. FERRUGGIA % RICHARD FERRUGGIA & KATHY S. FERRUGGIA  
1109 N. 6TH AVENUE 1109 N. 6TH AVENUE  
LAKE WORTH FL 33460 LAKE WORTH FL 33460-2915

2. Principal Place of Business 3. Mailing Address  
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State 4. FEI Number 65-0072878 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

FERRUGGIA, RICHARD R. & KATHY S. FERRUGGIA  
1109 N. 6TH AVENUE  
LAKE WORTH FL 33460

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

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, 2000 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                      | D                     | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                       | FERRUGGIA, RICHARD R. |                                 | NAME  |                                 |                                   |
| STREET ADDRESS             | 4316 KENT AVENUE      |                                 | STREET ADDRESS  |                                 |                                   |
| CITY-ST-ZIP                | LAKE WORTH FL         |                                 | CITY-ST-ZIP   |                                 |                                   |
| TITLE                      | D                     | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                       | FERRUGGIA, KATHY S.   |                                 | NAME  |                                 |                                   |
| STREET ADDRESS             | 4316 KENT AVENUE      |                                 | STREET ADDRESS  |                                 |                                   |
| CITY-ST-ZIP                | LAKE WORTH FL         |                                 | CITY-ST-ZIP   |                                 |                                   |
| TITLE                      |                       | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                       |                       |                                 | NAME  |                                 |                                   |
| STREET ADDRESS             |                       |                                 | STREET ADDRESS  |                                 |                                   |
| CITY-ST-ZIP                |                       |                                 | CITY-ST-ZIP   |                                 |                                   |
| TITLE                      |                       | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                       |                       |                                 | NAME  |                                 |                                   |
| STREET ADDRESS             |                       |                                 | STREET ADDRESS  |                                 |                                   |
| CITY-ST-ZIP                |                       |                                 | CITY-ST-ZIP   |                                 |                                   |
| TITLE                      |                       | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change | <input type="checkbox"/> 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 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

Date

Daytime Phone #

CF 1 014 9/99