

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2003 8:00 am
Secretary of State

01-29-2003 90045 043 *****50.00

DOCUMENT # L02000013677

1. Entity Name
ITALIAN CABINETRY DESIGNS, L.C.



Principal Place of Business
11130 STATE BRIDGE RD., STE. D-201
ALPHARETTA GA 30022

Mailing Address
11130 STATE BRIDGE RD., STE. D-201
ALPHARETTA GA 30022



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
4650 S. Tamiami Tr.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Sarasota, FL

City & State

4. FEI Number
03-0457404

Applied For
Not Applicable

Zip
34231

Country
USA

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BRIDGES, JAMES E
136 GOLDEN GATE POINT
THE PHOENIX, #401 NORTH
SARASOTA FL 34236

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 \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE James E. BRIDGES ☐ Delete
NAME 136 Golden Gate Point
STREET ADDRESS The Phoenix, #401 North
CITY-ST-ZIP Sarasota, FL 34236

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

TITLE Charles W. Kolbrener ☐ Delete
NAME 205 Lea Court
STREET ADDRESS Roswell, GA 30076
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Charles W. Kolbrener 1/22/03 678-297-0909
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (10/02)