

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2001 8:00 am
Secretary of State

04-17-2001 90107 004 ***150.00

DOCUMENT #

M 95338

1. Entity Name

AMERICAN MAID CABINETS, INC

Principal Place of Business

*1523 S. KINGS ROAD
 CALLAHAN, FL 32011*

Mailing Address

*2485 S. KINGS ROAD
 CALLAHAN, FL 32011*

2. Principal Place of Business

1523 S. KINGS ROAD

3. Mailing Address

2485 S. KINGS ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CALLAHAN, FLORIDA

City & State

CALLAHAN, FLORIDA

4. FEI Number

59-2916918

Applied For

Not Applicable

Zip

Country

32011

NASSAU

Zip

Country

32011

NASSAU

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

*KATZ, HARRY
 337 EAST FORSYTH ST
 JACKSONVILLE, FL 32202*

Name

SCOTT EDWARD SELPH

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

6083 Kerl Blvd

City

CALLAHAN

FL

Zip Code

32011

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

Scott Edward Selph

3-19-01

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, 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 *President* ☐ Delete
 NAME *Scott Edward Selph*

TITLE ☒ Change ☐ Addition
 NAME *6083 Kerl Blvd*
 STREET ADDRESS *Callahan, FL 32011*
 CITY-ST-ZIP

TITLE *Secretary - Treasure* ☐ Delete
 NAME *Elaine Gayle Selph*

TITLE *Secretary - Treasure* ☒ Change ☐ Addition
 NAME *2485 S. Kings Road*
 STREET ADDRESS *Callahan, FL 32011*
 CITY-ST-ZIP

TITLE *Director* ☒ Delete
 NAME *Edward Leonard Selph*

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
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 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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:

Elaine H. Selph

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-19-01

Date

(904)

879-3231

Daytime Phone #

CR2E034 (11/00)