

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2002 8:00 am
Secretary of State
 05-08-2002 90164 033 ***150.00

0002244
 AV

DOCUMENT # M95338

1. Entity Name
AMERICAN MAID CABINETS, INC.

Principal Place of Business

**1523 S KINGS ROAD
 CALLAHAN FL 32011**

Mailing Address

**1523 S KINGS ROAD
 CALLAHAN FL 32011**

2. Principal Place of Business

3. Mailing Address

2485 S. Kings Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Callahan, FL

Zip

Country

Zip

Country

32011

FLASSAU

4. FEI Number

59-2916918

Applied For

Not Applicable

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

SELPH, SCOTT E

**6083 KEEL BLVD Keri Blvd
 CALLAHAN FL 32011**

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, 2002 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** ☒ Delete
 NAME **SELPH, EDWARD L**
 STREET ADDRESS **11847 01 DUVAL RD**
 CITY-ST-ZIP **JACKSONVILLE FL**

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

TITLE **S** ☐ Delete
 NAME **SELPH, ELAINE G.**
 STREET ADDRESS **11847 01 DUVAL RD**
 CITY-ST-ZIP **JACKSONVILLE FL**

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

TITLE **P** ☐ Delete
 NAME **SELPH, SCOTT E**
 STREET ADDRESS **11847-01 DUVAL RD**
 CITY-ST-ZIP **JACKSONVILLE FL**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition
 TITLE
 NAME
 STREET ADDRESS
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 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:

Signature Required
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-28-02 904-877-3113
 Date Daytime Phone #

CR2E034 (9/01)