

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 18, 2001 8:00 am
Secretary of State

05-18-2001 91597 019 ***150.00

DOCUMENT # P00000001013

1. Entity Name
SDS CUSTOM CABINETS, INC.

Principal Place of Business Mailing Address
18260-B PAULSON DRIVE 18260-B PAULSON DRIVE
PORT CHARLOTTE FL 33954 PORT CHARLOTTE FL 33954

552482



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
19800 Veterans Blvd. 19800 Veterans Blvd

Suite, Apt. #, etc. Suite, Apt. #, etc.
D-7 D-7

City & State City & State
Port Charlotte, FL Port Charlotte, FL

Zip Country Zip Country
33954 Charlotte 33954 Charlotte

4. FEI Number Applied For
65-0970429 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

SMITH, DOUGLAS L
18260-B PAULSON DRIVE
PORT CHARLOTTE FL 33954

Name **Smith, Douglas L**
 Street Address (P.O. Box Number is Not Acceptable)
19800 Veterans Blvd
 City **Port Charlotte** **FL** Zip Code **33954**

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

1-5-01

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 **PTD** Delete
 NAME **SMITH, DOUGLAS L**
 STREET ADDRESS **18260-B PAULSON DRIVE**
 CITY-ST-ZIP **PORT CHARLOTTE FL 33954**

TITLE Change Addition
 NAME
 STREET ADDRESS **19800 Veterans Blvd**
 CITY-ST-ZIP **Port Charlotte, FL 33954**

TITLE **VSD** Delete
 NAME **DREWING, STEVE**
 STREET ADDRESS **18260-B PAULSON DRIVE**
 CITY-ST-ZIP **PORT CHARLOTTE FL 33954**

TITLE Change Addition
 NAME
 STREET ADDRESS **19800 Veterans Blvd**
 CITY-ST-ZIP **Port Charlotte, FL 33954**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE Change Addition
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 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:

1-5-01

941-235-2288

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)