2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

May 15, 2002 8:00 am Secretary of State P00000001477 DOCUMENT # 1. Entity Name 05-15-2002 90029 019 ***150.00 RACÇOON ISLAND CABINET COMPANY Principal Place of Business Mailing Address 1117 ROBINSON DRIVE NORTH 1117 ROBINSON DRIVE NORTH ST PETERSBURG FL 33710 ST PETERSBURG FL 33710 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3618214 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WHITMER, ROBERT W JR Street Address (P.O. Box Number is Not Acceptable) 1117 ROBINSON DRIVE NORTH ST PETERSBURG FL 33710 Zip Code City mits this statement for the surgose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE (NOTE: Registered Agent signature required when reinstating) 9. Anis corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. TITLE ☐ Change ☐ Addition TITLE ☐ Defete WHITMER, ROBERT W NAME STREET ADDRESS 1117 ROBINSON DRIVE N STREET ADDRESS SAINT PETERSBURG FL 33710 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Addition ☐ Delete Change: TITLE TITLE -NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ 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 of trustee empowered to execute his required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

NAME OF SIGNING OFFICER OR

FILED