

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90455 005 ***150.00

DOCUMENT # P00000012831

1. Entity Name
A NU-LOOK KITCHEN CABINETS AND COUNTER TOPS, INC



Principal Place of Business

10622 KIM LANE
HUDSON FL 34669

Mailing Address

10622 KIM LANE
HUDSON FL 34669

2. Principal Place of Business

11531-A State Rd 52

Suite, Apt. #, etc.

3. Mailing Address

11531-A State Rd 52

Suite, Apt. #, etc.

City & State

Hudson, FL

Zip

34669

Country

U.S.

City & State

Hudson, FL

Zip

34669

Country

U.S.

4. FEI Number

59-3626818

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

VERNAZZARO, JOEL
10622 LIM LANE
HUDSON FL 34669

7. Name and Address of New Registered Agent

Name

Joy Anderson

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

Suncoast Accounting + Taxes, Inc.

10942 State Rd. 52

City

Hudson

FL

Zip Code

34669

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

Joy M. Anderson

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2/3/03

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00*

Make Check Payable to Florida Department of State

**9. Election Campaign Financing
Trust Fund Contribution.**

☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PTD	<input type="checkbox"/> Delete
NAME	VERNAZZARO, JOEL	
STREET ADDRESS	10622 KIM LANE	
CITY-ST-ZIP	HUDSON FL 34669	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	VERNAZZARO, LINDA	
STREET ADDRESS	10622 KIM LANE	
CITY-ST-ZIP	HUDSON FL 34669	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Treasurer / Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Secretary	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Gene Richardson	
STREET ADDRESS	6635 Sun Briar Dr.	
CITY-ST-ZIP	Cumming, GA 30046	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Signature: Vernazzaro

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/03

Date

727-856-6278

Daytime Phone #

CR2E034 (10/02)