

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2001 8:00 am
Secretary of State

04-17-2001 90063 041 ***150.00

DOCUMENT # P00000018039

1. Entity Name

FINE CUSTOM CABINETRY, INC.

Principal Place of Business

Mailing Address

3331 BISCAYNE DRIVE
 MERRITT ISLAND FL 32953

3331 BISCAYNE DRIVE
 MERRITT ISLAND FL 32953



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

3420 N. Courtenay Pkwy

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Merritt Island Fla.

4. FEI Number

59-3629137

Applied For

Not Applicable

Zip

Country

Zip

Country

32953

Broward

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

CAMPBELL, DAVID A
 3331 BISCAYNE DRIVE
 MERRITT ISLAND FL 32953

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 re-registering)

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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 President
 David A. Campbell
 3331 Biscayne Dr.
 Merritt Island, Fla. 32953 ☐ Delete

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

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☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/2001 32953-8365

Date

Daytime Phone #

CR2E034 (10/00)