

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 29, 2002 8:00 am**  
**Secretary of State**

04-29-2002 90075 037 \*\*\*150.00

**DOCUMENT # P00000018792**

1. Entity Name  
**EUROTEX THE CABINET SHOPPE INC.**

Principal Place of Business

**26600 OLD MUSE RD.  
 LABELLE FL 33935**

Mailing Address

**26600 OLD MUSE RD.  
 LABELLE FL 33935**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**65-0988545**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**STOCKWELL, PETER C  
 26600 OLD MUSE RD.  
 LABELLE FL 33935**

7. Name and Address of New Registered Agent

Name

**PETER SHEPPARD**

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

**26600 OLD MUSE ROAD.**

City

**LABELLE**

FL

Zip Code

**33935**

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 **PETER SHEPPARD**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**21<sup>ST</sup> FEB 2002**

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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	STOCKWELL, PETER C	
STREET ADDRESS	26600 OLD MUSE RD.	
CITY-ST-ZIP	LABELLE FL 33935	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	STOCKWELL, DIANE G	
STREET ADDRESS	26600 OLD MUSE RD.	
CITY-ST-ZIP	LABELLE FL 33935	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BUOHLER, LISA L	
STREET ADDRESS	26600 OLD MUSE RD.	
CITY-ST-ZIP	LABELLE FL 33935	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BUOHLER, SEBASTIAN	
STREET ADDRESS	26600 OLD MUSE RD.	
CITY-ST-ZIP	LABELLE FL 33935	
TITLE	D	<input type="checkbox"/> Delete
NAME	PEREZ, RICHARD	
STREET ADDRESS	1000 SUMMERALL RD.	
CITY-ST-ZIP	LABELLE FL 33935	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PETER SHEPPARD	
STREET ADDRESS	26600 OLD MUSE RD.	
CITY-ST-ZIP	LABELLE FL 33935	
TITLE	D.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D. G. SHEPPARD	
STREET ADDRESS	26600 OLD MUSE RD.	
CITY-ST-ZIP	LABELLE FL 33935	
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		

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 another like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**21<sup>ST</sup> FEB, 2002 863.675. 2282**

Date

Daytime Phone #

CR2E034 (9/01)