

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

03 OCT 17 AM 9:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000059021

1. Entity Name

Cabana & Company, Inc.



DO NOT WRITE IN THIS SPACE

REINSTATEMENT 03
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
4589 W Oaklawn Street

3. Mailing Address
4589 W Oaklawn Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Lecanto, FL

City & State
Lecanto, FL

4. FEI Number 59-3649873

Applied For
Not Applicable

Zip
34461

Country
USA

Zip
34461

Country
USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Arlene Cabana

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

4589 W Oaklawn Street

City Lecanto

FL

Zip Code 34461

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

10/10/03

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY - ST - ZIP

PTD, Arlene Cabana
4589 W Oaklawn Street
Lecanto, FL 34461

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

VSD, Michelle Maidlow
9770 E Pebble Creek Ct
Inverness, FL 34450

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

600023908906

10/17/03--01064--022 **150.00

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/10/03

Date

Daytime Phone #

352-628-9395

CR2E034B (12/02)

10/21

Cabana & Company, Inc
4589 W Oaklawn Street
Lecanto, FL 34461
352-628-9395

October 10, 2003

Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Ref: Reinstating Corporation

Dear Sirs,

Please find enclosed the UBR for Cabana & Company, Inc., fei 59-3649873 for the year 2003. We have also enclosed a check in the amount of \$150.00. We respectfully request abatement of all penalties and request immediate reinstatement of the corporation. We inadvertently did not file as we never received the report for 2003. As you will note the registered agent and mailing address has changed and apparently the form was not forwarded to us.

We are a very small business and the extra penalties would put a hardship on us. We are conscientious tax payers and try to file and pay all reports timely. We relied heavily on our old registered agent to keep us on top of governmental filings and feel that due to the above stated circumstance that the penalty should be waived. Thank you for your consideration.

Sincerely,



Arlene Cabana
President of Cabana & Company, Inc.