

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 05, 2003 8:00 am**  
**Secretary of State**

03-05-2003 90049 011 \*\*\*150.00

**DOCUMENT # P00000071482**

**1. Entity Name**  
**SUPREME CABINETS, INC.**



**Principal Place of Business**  
6684-5 COLUMBIA PARK DRIVE, SOUTH  
JACKSONVILLE FL 32258

**Mailing Address**  
6684-5 COLUMBIA PARK DRIVE, SOUTH  
JACKSONVILLE FL 32258



**2. Principal Place of Business**

4193 Oldfield Crossing Dr.

**3. Mailing Address**

4193 Oldfield Crossing Dr.

Suite, Apt. #, etc.

Suite #2

Suite, Apt. #, etc.

Suite #2

City & State

Jacksonville, FL

City & State

Jacksonville, FL

**4. FEI Number**

59-3660727

Applied For

Not Applicable

**5. Certificate of Status Desired**

☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

REKAU, MICHAEL J  
6684-5 COLUMBIA PARK DRIVE, SOUTH  
JACKSONVILLE FL 32258

**7. Name and Address of New Registered Agent**

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. 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

**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	D	<input type="checkbox"/> Delete
NAME	REKAU, MICHAEL J	
STREET ADDRESS	6684-5 COLUMBIA PARK DRIVE, SOUTH	
CITY-ST-ZIP	JACKSONVILLE FL 32258	
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	V/D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Rekau, Sandra L	
STREET ADDRESS	4193 Oldfield Crossing Dr St #2	
CITY-ST-ZIP	Jacksonville, FL 32223	
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		
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-03-03

Date

904-880-8504

Daytime Phone #

CR2E034 (10/02)