

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 10, 2003 8:00 am**  
**Secretary of State**

04-10-2003 90135 021 \*\*\*150.00

DOCUMENT # P00000095705

1. Entity Name  
R & S CUSTOM CABINETS AND MILLWORK, INC.



Principal Place of Business  
3960 DOMESLIO AVE  
UNITS B&C  
NAPLES FL 34104

Mailing Address  
3960 DOMESLIO AVE  
UNITS B&C  
NAPLES FL 34104



2. Principal Place of Business  
3960 Domestic Ave

Suite, Apt. #, etc.  
UNITS B & C

City & State  
NAPLES FL

Zip Country  
34104 Collier

3. Mailing Address  
3960 Domestic Ave

Suite, Apt. #, etc.  
UNITS B & C

City & State  
NAPLES, FL

Zip Country  
34104 Collier

CHECK HERE IF MAKING CHANGES

4. FEI Number 65-1058672

Applied For  
Not Applicable

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

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

CASPER, STUART W  
4060 32ND AVE SW  
NAPLES FL 34116

**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 4/7/03

**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**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	D	<input type="checkbox"/> Delete
NAME	CASPER, STUART W	
STREET ADDRESS	4060 32ND AVE SE	
CITY-ST-ZIP	NAPLES FL 34116	
TITLE	D	<input type="checkbox"/> Delete
NAME	CASPER, RHONDA	
STREET ADDRESS	4060 32ND AVE SE	
CITY-ST-ZIP	NAPLES FL 34116	
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		

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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, without other like empowered.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE 4/7/03

DAYTIME PHONE # 239-430-2363

CR2E034 (10/02)