

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90051 022 ***150.00

DOCUMENT # P00000105368**1. Entity Name**
DREAM CABINETS COMPANY, INC.**Principal Place of Business**
9550 47TH AVENUE NORTH
UNIT 7
ST. PETERSBURG FL 33708**Mailing Address**
9550 47TH AVENUE NORTH
UNIT 7
ST. PETERSBURG FL 33708**845730**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
7100 123rd Circle N
Suite, Apt. #, etc.
Unit 300**3. Mailing Address**
7100 123rd Circle N
Suite, Apt. #, etc.
Unit 300**City & State**
Largo, Florida
Zip
33773
Country
USA**City & State**
Largo, Florida
Zip
33773
Country
USA**4. FEI Number** **59-3684822**Applied For
Not Applicable**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required****6. Name and Address of Current Registered Agent****WIECKOWSKI, WACLAW**
353 SHORE DRIVE EAST
OLDSMAR FL 34677**7. Name and Address of New Registered Agent****Name**
SMAGA, MONIKA**Street Address (P.O. Box Number is Not Acceptable)**
16311 Gulf Blvd**City** **Redington Beach** **FL** **Zip Code** **33708****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** *Monika Smaga*
Signature, typed or printed name of registered agent and title if applicable(NOTE: Registered Agent signature required when reinstating)**DATE****4-19-2002****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** ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.**11. OFFICERS AND DIRECTORS****TITLE** **D** ☐ Delete
NAME **SMAGA, MONIKA**
STREET ADDRESS **16311 GULF BOULEVARD**
CITY-ST-ZIP **REDINGTON BEACH FL 33708****TITLE** **D** ☐ Delete
NAME **SMAGA, ZBIGNIEW**
STREET ADDRESS **16311 GULF BOULEVARD**
CITY-ST-ZIP **REDINGTON BEACH FL 33708****TITLE** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Delete
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CITY-ST-ZIP**TITLE** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11****TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Change ☐ Addition
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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 all other like empowered.****SIGNATURE:** *Monika Smaga*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**Date****Daytime Phone #****4-19-2002****727 535 8984**

CR2E034 (9/01)