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2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000004578

1. Entity Name
AFFORDABLE CABINETS AND MORE CORP

FILED
03 JUL -3 AM 11:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
2720 FORSYTH RD.
SUITE 312
WINTER PARK, FL 32792

Mailing Address
7445 BELLE RIVER CT
WINTER PARK, FL 32792

06/09/03 90122 021 150.00

2. Principal Place of Business | Suite, Apt. #, etc. | City & State | Zip | Country

3. Mailing Address | Suite, Apt. #, etc. | City & State | Zip | Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3689811 | Applied For | Not Applicable

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

6. Name and Address of Current Registered Agent
EMMANUELLI, FABRICIO
2720 FORSYTH RD.
SUITE 312
WINTER PARK, FL 32792

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] 7/9/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

[redacted]

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PRES EMMANUELLI, FABRICIO 7445 BELLE RIVER COURT WINTER PARK, FL 32792	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/02)

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] President 7/9/03 407 677 9414
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daytime Phone #

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To the department of corporations;

I have found out that I am charged a late fee. For filling late the U.B.R...
The reason was that I did not receive the notice to file. Please I apologize but I will
Like to have this charge waived for the reason that I did not receive the notice. I send my
U.B.R. overnight on June 5th. It got sent back to me for a mistake on the filling.

Debbie Emmanuelle President