

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2003 8:00 am
Secretary of State

02-10-2003 90224 010 ***158.50

DOCUMENT # P01000011885

1. Entity Name
KUSTOM KABINETS, INC.



Principal Place of Business

**4400 HIGHWAY 20 EAST
SUITE 211
NICEVILLE FL 33578**

Mailing Address

**4400 HIGHWAY 20 EAST
SUITE 211
NICEVILLE FL 33578**

2. Principal Place of Business

3. Mailing Address

**4566 Hwy 20 E
Suite, Apt. #, etc.
204**

Suite, Apt. #, etc.

City & State

Niceville, FL

City & State

Zip

32578

Country

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

59-3694808

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MCDORMAN, DARREN
4400 HIGHWAY 20 EAST
SUITE 211
NICEVILLE FL 33578**

Name

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

4566 Hwy 20 E, # 204

City

Niceville, FL

FL

Zip Code

32578

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

2/7/03

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 **PTD** ☐ Delete
NAME **MCDORMAN, DARREN**
STREET ADDRESS **4400 HWY 20 E 211**
CITY-ST-ZIP **NICEVILLE FL 32578**

TITLE ☒ Change ☐ Addition
NAME **4566 Hwy 20 E, # 204**
STREET ADDRESS **Niceville, FL 32578**
CITY-ST-ZIP

TITLE **VSD** ☐ Delete
NAME **MCDORMAN, JOE II**
STREET ADDRESS **4400 HWY 20 E 211**
CITY-ST-ZIP **NICEVILLE FL 32578**

TITLE ☒ Change ☐ Addition
NAME **4566 Hwy 20 E, # 204**
STREET ADDRESS **Niceville, FL 32578**
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
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CITY-ST-ZIP

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TITLE ☐ Change ☐ 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

2/7/03

Date

Daytime Phone #

CR2E034 (10/02)