

# 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

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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 Country  
32578

Zip Country

4. FEI Number 59-3694808

Applied For  
Not Applicable

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

CHECK HERE IF MAKING CHANGES

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 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)

2/7/03

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

TITLE NAME  Delete

TITLE NAME  Change  Addition

TITLE NAME  Delete

TITLE NAME  Change  Addition

TITLE NAME  Delete

TITLE NAME  Change  Addition

TITLE NAME  Delete

TITLE NAME  Change  Addition

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)