FILED

2003 FOR PROFIT_CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

Jul 18, 2003 8:00 am **Secretary of State** P01000014812 DOCUMENT # 07-18-2003 90078 049 ***150.00 1. Entity Name DIMENSIONS CABINETRY, INC. Principal Place of Business Mailing Address 1411 SE BILTMORE ST 90144551 1411 SE BILTMORE ST PORT ST LUCIE FL 34983 PORT ST LUCIE FL 34983 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State Applied For 4. FEI Number 65-1076984 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KEEL, DENISE R Street Address (P.O. Box Number is Not Acceptable) 617'SE WHITMORE DR PORT ST LUCIE FL 34984 City 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 FILE NOW!!! FEE IS \$550.00 \$5.00 May Be 9. Election Campaign Financing After September 10, 2003 Fee will be \$750.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE TITLE ☐ Change ☐ Addition Delete KEEL, ALAN A NAME NAME 617 SE WHITMORE SR STREET ADDRESS STREET ADDRESS PORT ST LUCIE FL 34984 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition KEEL, DENISE R NAME NAME 617 SE WHITMORE DRIVE STREET ADDRESS STREET ADDRESS PORT ST LUCIE FL 34984 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change TITLE ☐ Addition Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

SIGNATURE:

changed, or on an attachment with

address, with all other lij

- Attachment

Dimensions Cabinetry, Inc.

90144551

July 15, 2003

Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

Re:

Dimensions Cabinetry, Inc.

P01000014812

Dear Sir or Madam,

I am in receipt of the 2003 Uniform Business Report paperwork with a filing deadline of September 10, 2003.

I respectfully request that the late fee be waived as this is the first notice that we have received. I am enclosing the completed paperwork and a check in the amount of \$150.

Should you have any questions regarding this filing, I may be reached Monday through Friday between the hours of 7:30 am and 5pm at 772-785-5300.

Thanking you in advance for your assistance in this matter, I remain

Respectfully,

Denise R. Keel

Vice President of Operations