

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Aug 12, 2002 8:00 am**  
**Secretary of State**

08-12-2002 90004 047 \*\*\*158.75

DOCUMENT # 70 0000 271 70

1. Entity Name

Cabinet Solutions of Southwest Florida Inc

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

945 Fifth Ave N

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

59-3698494

Applied For

Not Applicable

Zip

Country

Zip

Country

34102

Collier

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

Greg Morris

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

137 Viking Way

City

Naples

FL

Zip Code

34110

**DO NOT WRITE  
IN THIS SPACE**

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

*[Signature]*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

8/5/02

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

☒

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

Erika Morris  
137 Viking Way  
Naples, FL 34110

C/D

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

Greg Morris  
137 Viking Way  
Naples FL 34110

P/M

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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**DO NOT WRITE  
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

*[Signature]*

Greg Morris. 8/5/02 - 239/825-9058

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)

**Cabinet Solutions of SW. Florida Inc.**

Attachment  
973853

CABINET SOLUTIONS OF SW. FLORIDA INC.  
CUSTOM KITCHEN AND BATH DESIGN

945 5TH AVE N  
NAPLES, FL.  
34103 USA  
Tel : (941) 213-9140  
Fax: (941) 213-9150

August 5, 2002

Uniform Business Report  
Division of Corporations  
PO Box 1500  
Tallahassee, FL 32302-1500

Re: Document # P01000027170  
Cabinet Solutions of Southwest Florida, Inc.

Dear Sir or Madam:

Attached please find a filing of the Uniform Business Report as required by the State of Florida. I apologize for the lateness of filing, but I have recently been hired by this company to help in these areas. I have attached a copy of the public inquiry I ran on the internet, and as you can see, the address for the principal is incorrect. The notice for filing was not received by the corporation. Please update your records to show this correction.

I would appreciate if you would contact me if there are any questions or concerns.

Sincerely,  
Cabinet Solutions of SW Florida

  
Sasha Jones  
Comptroller

Enclosures

Attachment  
Florida Department of State, Division of Corporations

Corporations Online

www.sunbiz.org

Public Inquiry 973853

## Florida Profit

## CABINET SOLUTIONS OF SOUTHWEST FLORIDA, INC.

## PRINCIPAL ADDRESS

163 CROWN DR.  
NAPLES FL 34110

## MAILING ADDRESS

163 CROWN DR.  
NAPLES FL 34110Document Number  
P01000027170FEI Number  
NONEDate Filed  
03/12/2001State  
FLStatus  
ACTIVEEffective Date  
NONE

## Registered Agent

Name & Address
MORRIS, GREG 163 CROWN DR. NAPLES FL 34110

## Officer/Director Detail

Name & Address	Title
MORRIS, GREG 163 CROWN DR. NAPLES FL 34110	D

## Annual Reports

Report Year	Filed Date	Intangible Tax
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