

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2002 8:00 am
Secretary of State

04-07-2002 90048 012 ***150.00

DOCUMENT # P01000052021

1. Entity Name

STAR COACH CABINETS, INC.

Principal Place of Business

**1001 SILVER LAKES BLVD
 NAPLES FL 34114**

Mailing Address

**1001 SILVER LAKES BLVD
 NAPLES FL 34114**

2. Principal Place of Business

12693 E. TAMIAHI Trl.

3. Mailing Address

SAME

Suite, Apt. #, etc.

261

Suite, Apt. #, etc.

City & State

Naples, Florida

City & State

~

Zip

34113

Country

USA

Zip

34113

Country

USA

4. FEI Number

75-3003642

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**DUPLESSIS, RONALD
 1001 SILVER LAKES BLVD
 NAPLES FL 34114**

7. Name and Address of New Registered Agent

**Ronald Duplessis
 12693 E. TAMIAHI Trl.
 #261
 Naples FL 34113**

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 **Ronald Duplessis, President** **Feb. 20, 2002**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 Fee will be \$550.00
 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	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	X PRESIDENT
STREET ADDRESS	Duplessis RONALD
CITY-ST-ZIP	(SAME AS ABOVE)
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	X VICE PRESIDENT
STREET ADDRESS	DANEAU HELENE
CITY-ST-ZIP	(SAME AS ABOVE)
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Feb 20 / 2002 941 250-9292

0503200 AV

CR2E034 (9/01)