

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 13, 2002 8:00 am
Secretary of State

04-18-2002 90404 036 ***150.00

DOCUMENT # P01000060731

1. Entity Name
MASTERPIECE CABINETRY, INC.

Principal Place of Business
200 GREENBRIAR AVENUE
ORMOND BEACH FL 32174

Mailing Address
200 GREENBRIAR AVENUE
ORMOND BEACH FL 32174

41406



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Masterpiece Cabinetry Inc.
 Suite, Apt. #, etc.
40-C Coolidge Ave
 City & State
Ormond Beach FL
 Zip
32174
 Country
USA

3. Mailing Address
Masterpiece Cabinetry Inc.
 Suite, Apt. #, etc.
200 Greenbriar Ave
 City & State
Ormond Beach FL
 Zip
32174
 Country
USA

4. FEI Number
58-3746061

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
VOLINSKY, ROBERT J
200 GREENBRIAR AVENUE
ORMOND BEACH FL 32174

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** 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 _____ (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 \$550.00
After September 13, 2002 Fee will be \$750.00
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	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Change	☒ Addition
President - Director	Robert J. Volinsky	200 Greenbriar Ave	O.B. FL 32174		
Vice President - Director	William P. Barbour	660 S. Ridgewood Ave	O.B. FL 32174		
Secretary - Director	Gerald R. LeGrone	224 Riverbend Rd	O.B. FL 32174		

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** **8/6/02** **(386)** **212-9724**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/02)

