2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P01000060731

224 RIVERBEND RD

ORMOND BEACH, FL 32174

Address: City-St-Zip:

Entity Name: MASTERPIECE CABINETRY, INC.

FILED Jan 09, 2003 Secretary of State

Current Principal Place of Business: New Principal Place of Business: MASTERPICE CABINETRY INC 40-C COOLIDGE AVE ORMOND BEACH, FL 32174 **Current Mailing Address: New Mailing Address:** MASTERPICE CABINETRY INC 200 GREENBRIAR AVE ORMOND BEACH, FL 32174 FEI Number: 58-3746061 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: VOLINSKY, ROBERT J 200 GREENBRIAR AVENUE ORMOND BEACH, FL 32174 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition VOLINSKY, ROBERT J Name: Name: 200 GREENBRIAR AVE Address: Address: City-St-Zip: ORMOND BEACH, FL 32174 City-St-Zip: () Delete Title: VPD Title: () Change () Addition Name: BARBOUR, WILLIAM P Name: 660 S RIDGEWOOD AVE Address: Address: ORMOND BEACH, FL 32174 City-St-Zip: City-St-Zip: Title: Title: SD () Delete () Change () Addition LECRANE, GERALD R Name: Name:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: ROBERT J VOLINSKY PD 01/09/2003