

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91271 044 ***150.00

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DOCUMENT # P01000069827

1. Entity Name
BELLA CASA CABINETRY INC.



Principal Place of Business
**305 B SCARLET BLVD
OLDSMAR FL 34677**

Mailing Address
**6565 ULMERTON RD
LARGO FL 33771**

2. Principal Place of Business

6565 A ULMERTON Rd

3. Mailing Address

Suite, Apt. #, etc.

City & State

LARGO FL

City & State

Zip

33771

Country

Country

4. FEI Number **59-3731566**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**SHAFFER, VICKI
6565 ULMERTON RD
LARGO FL 33771**

7. Name and Address of New Registered Agent

Name **Arthur Snow**

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

6565 A ULMERTON ROAD

City

LARGO

FL

Zip Code

33771

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

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

(NOTE: Registered Agent Signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **VOORHEIS, WILLIAM**
STREET ADDRESS **1238 BERSHIRE LANE**
CITY-ST-ZIP **TARPON SPRINGS FL 34689**

TITLE **CFO** ☒ Delete
NAME **SHAFFER, VICKI**
STREET ADDRESS **612 GRAN KAYMEN WAY**
CITY-ST-ZIP **APOLLO BEACH FL 33572**

TITLE **VP** ☐ Delete
NAME **SNOW, ARTHUR**
STREET ADDRESS **9906 SUGARMILL DR**
CITY-ST-ZIP **BRADENTON FL 34202**

TITLE **VP** ☐ Delete
NAME **SCHNARR, MARC**
STREET ADDRESS **10417 GREENHEDGES DR**
CITY-ST-ZIP **TAMPA FL 33626**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☒ Change ☐ Addition
NAME
STREET ADDRESS **14611 GRAVES LANE**
CITY-ST-ZIP **EVANSVILLE, IN 47720**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Arthur Snow
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

727 5078400

CR2E034 (10/02)