

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000072684

1. Entity Name  
R D W CABINETRY, INC.

Principal Place of Business  
264 RIDGE DR.  
NAPLES FL 34108

Mailing Address  
264 RIDGE DR.  
NAPLES FL 34108

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip      Country

Zip

Country

4. FEE Number

59-3736394

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

WARDEIN, RICHARD D  
264 RIDGE DR.  
NAPLES FL 34108

Name

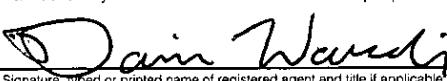
Street Address (P.O. Box Number is Not Acceptable)

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.

SIGNATURE 

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      D       Delete  
NAME      WARDEIN, RICHARD D  
STREET ADDRESS      264 RIDGE DR.  
CITY-ST-ZIP      NAPLES FL 34108

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE       Change       Addition  
NAME       
STREET ADDRESS       
CITY-ST-ZIP     

TITLE       Delete  
NAME       
STREET ADDRESS       
CITY-ST-ZIP     

TITLE       Change       Addition  
NAME       
STREET ADDRESS       
CITY-ST-ZIP     

TITLE       Delete  
NAME       
STREET ADDRESS       
CITY-ST-ZIP     

TITLE       Change       Addition  
NAME       
STREET ADDRESS       
CITY-ST-ZIP     

TITLE       Delete  
NAME       
STREET ADDRESS       
CITY-ST-ZIP     

TITLE       Change       Addition  
NAME       
STREET ADDRESS       
CITY-ST-ZIP     

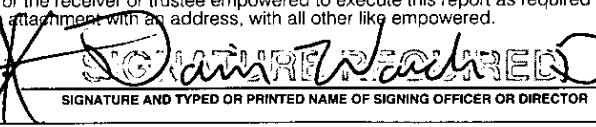
TITLE       Delete  
NAME       
STREET ADDRESS       
CITY-ST-ZIP     

TITLE       Change       Addition  
NAME       
STREET ADDRESS       
CITY-ST-ZIP     

TITLE       Delete  
NAME       
STREET ADDRESS       
CITY-ST-ZIP     

TITLE       Change       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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

441 593  
1718