

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 31, 2002 8:00 am
Secretary of State

07-16-2002 90357 026 ***150.00

DOCUMENT # P01000103565

1. Entity Name
RIT'S CUSTOM CABINETS INC.

Principal Place of Business
450 BAYFRONT PL SUITE 4403
NAPLES FL 34102

Mailing Address
450 BAYFRONT PL SUITE 4403
NAPLES FL 34102

40288



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
450 Bayfront Pl
 Suite, Apt. #, etc.
4403
 City & State
NAPLES FL
 Zip
34102 Country
Collier

3. Mailing Address
450 Bayfront Pl
 Suite, Apt. #, etc.
4403
 City & State
NAPLES FL
 Zip
34102 Country
Collier

4. FEI Number
651149734 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

NESLINE, RICHARD A
450 BAYFRONT PL SUITE 4403
NAPLES FL 34102

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 Richard A. Nesline Richard A. Nesline 5 July 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 \$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	P NESLINE, RICHARD A 450 BAYFRONT PL SUITE 4403 NAPLES FL 34102	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Richard A. Nesline 24 July 02
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/02)

Attachment

#PO1000103565

40288

July 10, 2002

To :

Florida Department of State
Director of Corporations
P.O. Box 6327
Tallahassee, FL 32314

To Whom It May Concern:

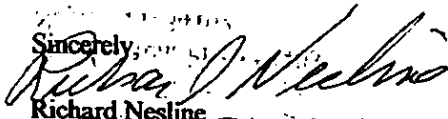
Per instructions from the Florida Department of State, Director of Corporations,

Enclosed is a check for \$150.00. I never received the original report and at

This time I am asking that the late fee be waived.

Thank you.

Sincerely,



Richard Nesline
Rit's Custom Cabinets, Inc.
450 Bayfront Place #4403
Naples, FL 34102