

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 14, 2002 8:00 am
Secretary of State

08-14-2002 90024 027 ***150.00

DOCUMENT # P01000103799

1. Entity Name
CALIBER KITCHEN & BATH, INC.

Principal Place of Business
**2924 NE 1ST TERRACE
 WILTON MANORS FL 33334**

Mailing Address
**21519 KAPOK CIRCLE
 BOCA RATON FL 33433**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

80-0025016

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**YASICH, WILLIAM
 2924 NE 1ST TERRACE
 WILTON MANORS FL 33334**

Name **Elias W. Thomasevich**

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

21519 Kapok Circle

City **Boca Raton**

FL

Zip Code **33433**

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:

Elias W Thomasevich

2/1/02

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	YASICH, WILLIAM	
STREET ADDRESS	2924 NE 1ST TERRACE	
CITY-ST-ZIP	WILTON MANORS FL 33334	
TITLE	V	<input type="checkbox"/> Delete
NAME	THOMASEVICH, ELIAS W	
STREET ADDRESS	21519 KAPOK CIRCLE	
CITY-ST-ZIP	BOCA RATON FL 33433	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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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 lists empowered.

SIGNATURE:

Elias W. Thomasevich

2/1/02

(954)914-5092

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)