

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 10, 2002 8:00 am**  
**Secretary of State**

04-10-2002 90443 043 \*\*\*150.00

0001976 AT

**DOCUMENT # P01000113967**

1. Entity Name

**CABINET WORKS OF JACKSONVILLE, INC.**

Principal Place of Business

**8802 CORPORATE SQ CT STE 401  
 JACKSONVILLE FL 32207**

Mailing Address

**C/O BARRY B. ANSBACHER P.A.  
 1301 RIVERPLACE BLVD STE 2450  
 JACKSONVILLE FL 32207-9047**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**Samuel David Lee**  
**3435 Collendon Lane**  
**Jacksonville, FL.**  
**32225 U.S.**

4. FEI Number

**59-3759790**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BARRY B. ANSBACHER, P.A.**  
**1301 RIVERPLACE BLVD STE 2450**  
**JACKSONVILLE FL 32207-9047**

Name **Samuel David Lee**  
 Street Address (P.O. Box Number is Not Acceptable)  
**3435 Collendon Lane**  
 City **Jacksonville** FL Zip Code **32225**

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 **Samuel David Lee (Vice-President)** **Samuel David Lee** **4/2/02**  
 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 **D** ☐ Delete  
 NAME **STEWART, ANDREW J**  
 STREET ADDRESS **8802 CORPORATE SQ CT STE 401**  
 CITY-ST-ZIP **JACKSONVILLE FL 32207**

TITLE **P, S, D** ☒ Change ☐ Addition  
 NAME **Stewart, Andrew J.**  
 STREET ADDRESS **4218 Anvers Blvd.**  
 CITY-ST-ZIP **Jacksonville, FL. 32210**

TITLE **D** ☐ Delete  
 NAME **LEE, SAMUEL D**  
 STREET ADDRESS **8802 CORPORATE SQ CT STE 401**  
 CITY-ST-ZIP **JACKSONVILLE FL 32207**

TITLE **V, T, D** ☒ Change ☐ Addition  
 NAME **Lee, Samuel D.**  
 STREET ADDRESS **3435 Collendon Ln.**  
 CITY-ST-ZIP **Jacksonville, FL.**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
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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: **Samuel David Lee (Vice-President)** **4/2/02** **(904)723-3342**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)