

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91694 048 ***150.00

DOCUMENT # P01000114803

1. Entity Name

MILL MASTER CABINETRY, INC.

Principal Place of Business

**1575 WHOOPING DR
 GROVELAND FL 34736**

Mailing Address

**1575 WHOOPING DR
 GROVELAND FL 34736**

2. Principal Place of Business

3840 Commerce Loop

3. Mailing Address

3840 Commerce Loop

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Orlando, FL

City & State

Orlando, FL

4. FEI Number

30-0023409

Applied For

Not Applicable

Zip

32808

Country

USA

Zip

32808

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**TABBERT, RUSSELL
 1575 WHOOPING DR
 GROVELAND FL 34736**

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.

SIGNATURE *R. Tabbert*, Russell Tabbert, Executive Vice President

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

(NOTE: Registered Agent signature required when reinstating)

4/29/2002

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 **TABBERT, RUSSELL**
 STREET ADDRESS **1575 WHOOPING DR**
 CITY-ST-ZIP **GROVELAND FL 34736**

TITLE **D** ☐ Delete
 NAME **KILLINGER, KATJA**
 STREET ADDRESS **1575 WHOOPING DR**
 CITY-ST-ZIP **GROVELAND FL 34736**

TITLE **D** ☐ Delete
 NAME **ANSORGE, JOACHIN P**
 STREET ADDRESS **14284 VISA DEL LAGO BLVD**
 CITY-ST-ZIP **WINTER GARDEN FL**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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
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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

CR2E034 (9/01)

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: *Katja Killinger* **Katja Killinger, President 4/29/02 401 292 9390**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #