

# 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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>3840 Commerce Loop</b>	3. Mailing Address <b>3840 Commerce Loop</b>
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State <b>Orlando, FL</b>	City & State <b>Orlando, FL</b>
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Zip <b>32808</b>	Country <b>USA</b>	Zip <b>32808</b>	Country <b>USA</b>
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4. FEI Number <b>30-0023409</b>	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

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

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

Name
Street Address (P.O. Box Number is Not Acceptable)
City
<b>FL</b> 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**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>TABBERT, RUSSELL</b> <b>1575 WHOOPING DR</b> <b>GROVELAND FL 34736</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>KILLINGER, KATJA</b> <b>1575 WHOOPING DR</b> <b>GROVELAND FL 34736</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ANSORGE, JOACHIN P</b> <b>14284 VISA DEL LAGO BLVD</b> <b>WINTER GARDEN FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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** 4/29/02 407 292 9390  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #