

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 13, 2003 8:00 am**  
**Secretary of State**

01-13-2003 90464 024 \*\*\*150.00

**DOCUMENT # P02000020383**

1. Entity Name

**ACCESS CABINET CONCEPTS, INC.**



Principal Place of Business  
**3499 N.W. 97TH BOULEVARD  
SUITE 4  
GAINESVILLE FL 32606**

Mailing Address  
**3499 N.W. 97TH BOULEVARD  
SUITE 4  
GAINESVILLE FL 32606**

2. Principal Place of Business  
**21950 SOUNDVIEW TER.**

3. Mailing Address  
**21950 SOUNDVIEW TER.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**# 104**

**# 104**

City & State

City & State

**BOCA RATON**

**BOCA RATON**

Zip

Country

Zip

Country

**FL 33433-7803**

**FLORIDA**

**FL 33433-7803**

**FLORIDA**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MAHON, TIMOTHY K  
2929 EAST COMMERCIAL BLVD.  
PENTHOUSE E  
FORT LAUDERDALE FL 33308**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HEBERT, MARIO 3499 N.W. 97TH BOULEVARD SUITE 4 GAINESVILLE FL 32606	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SV DUBE, CARL 3499 N.W. 97TH BOULEVARD SUITE 4 GAINESVILLE FL 32606	<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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HEBERT, MARIO 21950 SOUNDVIEW TER. APT. # 104 BOCA RATON FL 33433-7803	<input checked="" 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
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

12. 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

**SIGNATURE: [Signature]**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/09/2003**  
Date

**561-302-1781**  
Daytime Phone #

CR2E034 (10/02)