2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State
05-05-2003 91894 002 ***150.00

DOCUMENT # P02000030029

1. Entity Name
CABINET DEPOT, INC

Principal Place of Business	Mailing Address
6001 JOHNS ROAD # 701 TAMPA FL 33634	6001 JOHNS ROAD # 701 TAMPA FL 33634

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
6001 JOHNS ROAD.	P.O. BOX. 260936
Suite, Apt. #, etc. #701.	Suite, Apt. #, etc.
City & State TAMPA, FL.	City & State TAMPA, FL
Zip 33634 Country Hillsborough	Zip 33685 Country Hillsborough

4. FEI Number E74-3053282 ☐ Applied For ☐ Not Applicable

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
DANG, KIMTHOA T 6001 JOHNS ROAD # 701 TAMPA FL 33634	Name DANG, KIMTHOA T. Street Address (P.O. Box Number is Not Acceptable) 6001 JOHNS RD # 701. OR P.O. BOX 260936 TAMPA, FL 33685. City TAMPA, FL FL Zip Code 33634

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] - KIMTHOA DANG   May - 1st 2003
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	P DANG, KIMTHOA T 6001 JOHNS RD # 701 TAMPA FL 33634 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TRAN, HAI VAN 6001 JOHS RD #701 TAMPA FL 33634 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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] HAI VAN TRAN   5/01/2003
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

CR2E034 (10/02)