FILED
Jun 04, 2003 8:00 am
Secretary of State
04-23-2003 90197 031 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000036057

1. Entity Name
WAYNE'S CUSTOM CABINETS, INC.

55046142

Principal Place of Business	Mailing Address
4877 SW FLORAL CT DUNNELLON FL 34431	4877 SW FLORAL CT DUNNELLON FL 34431

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address	
5304 S. U.S. Hwy 41			
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Dunnellon, FL		City & State	
Zip: 34432	Country: USA	Zip	Country

4. FEI Number: 01-0579559 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CAMPBELL, LISA K
500 SE FORT KING STREET
SUITE A
OCALA FL

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Sandra J Tyo 4/21/03
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

TITLE	P	☐ Delete
NAME	TYO, WAYNE P	
STREET ADDRESS	4877 SW FLORAL COURT	
CITY-ST-ZIP	DUNNELLON FL 34431	
TITLE	V	☐ Delete
NAME	TYO, SANDRA J	
STREET ADDRESS	4877 SW FLORAL COURT	
CITY-ST-ZIP	DUNNELLON FL 34431	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
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CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

CR2E034 (10/02)

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 REQUIRED Sandra J Tyo SANDRA J TYO 6/2/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
352-465-1166