


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-08-2003 90026 006 ***150.00

DOCUMENT # P02000051806	
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1. Entity Name
R.R.R. CABINET INSTALLATION & HOME INSPECTION, INC.

Principal Place of Business
7823 INDIAN TRAIL RD
BROOKSVILLE FL 34613

Mailing Address
7823 INDIAN TRAIL RD
BROOKSVILLE FL 34613

55003117



2. Principal Place of Business 7823 Indian Trail Rd Suite, Apt. #, etc. Brooksville City & State	3. Mailing Address 7823 Indian Trail Rd Suite, Apt. #, etc. Brooksville FL City & State
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☐ CHECK HERE IF MAKING CHANGES

Zip 34613	Country FL	Zip 34613	Country FL	4. FEI Number 04-3694546	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent ROY, RUDOLF 7823 INDIAN TRAIL RD BROOKSVILLE FL 34613	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 Rudolf Roy owner DATE 01-06-03
Signature, typed or printed name of registered agent and title (if applicable). (NOTE: Registered Agent signature required when reinstating)

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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> 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: Rudolf Roy owner DATE 01-06-03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)