FILED
Jun 23, 2003 8:00 am
Secretary of State
06-09-2003 90114 017 ***150.00

6/9

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000063450

1. Entity Name
IN & OUT CABINETRY, INCORPORATED

C

55049551

[redacted]

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1625 50th AVE DR E Suite, Apt. #, etc.	PO BOX 1113 Suite, Apt. #, etc.
City & State BRADENTON FL	City & State ONECO
Zip / Country	Zip / Country

4. FEI Number
56 2292525
☐ Applied For
☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: DAVID MONTGOMERY / MONTGOMERY LAW FIRM

Street Address (P.O. Box Number is Not Acceptable):
2103 MANATEE Ave. West

City: BRADENTON FL Zip Code: 34205

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when name is changed)

January 1 - May 1, Fee is $150.00
After May 1, Fee is $350.00
If Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fee

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BEVIN, BRIAN
STREET ADDRESS	PO BOX 1113
CITY-ST-ZIP	ONECO FL 34264
TITLE	VPD
NAME	NORWOOD, TERRI
STREET ADDRESS	PO BOX 1113
CITY-ST-ZIP	ONECO, FL 34264
TITLE	VSD
NAME	THOMPSON, JAN
STREET ADDRESS	PO BOX 1113
CITY-ST-ZIP	ONECO FL 34264
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Terri Y. Norwood 4/25/03 9417274488
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #