

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jul 09, 2003 8:00 am
Secretary of State

07-09-2003 90040 043 ***150.00

DOCUMENT # *P02000104530*

1. Entity Name

CABINETS DOORS FLOORS & MORE, INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1115 BOYER ST E

Suite, Apt. #, etc.

3. Mailing Address

1115 BOYER ST E

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

TARPON SPRINGS, FL

City & State

TARPON SPRINGS, FL

4. FEI Number

52-2381564

Applied For

Not Applicable

Zip

34689-5503151

Country

PINELLAS

Zip

34689-5503151

Country

PINELLAS

5. Certificate of Status Desired. ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

JOHN L. REECE

Street Address (P.O. Box Number is Not Acceptable)

1115 BOYER ST.

City

TARPON SPRINGS

FL

Zip Code

34689

**DO NOT WRITE
IN THIS SPACE**

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

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
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 Fees

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
<i>PRESIDENT/DIRECTOR</i>	<i>KATHIE REECE</i>	<i>1115 BOYER ST E</i>	<i>TARPON SPRINGS, FL 34689</i>
<i>SECRETARY-TREASURER/DIRECTOR</i>	<i>JOHN L. REECE</i>	<i>1115 BOYER ST E</i>	<i>TARPON SPRINGS, FL 34689</i>

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-26-03

Date

727 409-6193

Daytime Phone #

CR2E034B (12/02)