FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

DOCUMENT # P02000/04530 1. Entity Name						07-09-2003 90040 043 ***150.00		
CABI	NETS L	DOORS FLOOP	RS & MORE, INC.	•				
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	DO N	OT WRITE	E IN THIS SE	PAC	E I			
2. Principal Place of Business 3. Mailing Address 1115 BOYER ST E 1115 BOYER ST						·		
				r E				
Suite, Apt.	#, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS S	SPACE	
City & State	е		City & State			4. FEI Number	Applied For	1
TARADA	SPRING	5, FL	TARPON SPRINGS	, FL		52-2381564	Not Applicable	1
34689	البرا	Country PINELLAS	34689-5503151	PIN	etry ELLAS		\$8.75 Additional Fee Required	
						7. Name and Address of Current Registered	Agent	1
Name To H						N W. REECE		
DO NOT WRITE					Street Address (BO. Box Number is Not Acceptable)			
	i A	THIS SI	PACE		///3	BOYER 51.		ł
alianda, etg. sa. sa	Marian and and							
					City TARA	ON SPRINGS FL	Zip Code 34689	
			or the purpose of changing its	register	ed office or registere	d agent, or both, in the State of Florida. I am fa	miliar with, and accept	
the obligat	ions of registe	red agent.						
SIGNATURE .	<u> </u>							
	CONTRACTOR OF THE PARTY OF THE	printed name of registered agen	at and title if applicable. (NOTE	: Registere	ed Agent signature required w	when reinstating) DATE		
d an	nuary 1 - Ma After May 1,	y 1 Fee is \$150.00 Fee is \$550.00	at and title if applicable. (NOTE	: Registere	ad Agent signature required w	9. Election Campaign Financing	\$5.00 May Be	
C ar	nuary 1 - Ma After May 1 Amended	y 1 Fee is \$150.00 Fee is \$550.00 UBR is \$61.25		: Registere	ad Agent signature required w		\$5.00 May Be Added to Fees	
C ar	nuary 1 - Ma After May 1 Amended	y 1 Fee is \$150.00 Fee is \$550.00	if State	E: Registere	ad Agent signature required w	9. Election Campaign Financing		
Dar Make Check	nuary 1 - Mar After May 1, Amended Payable to	y 1 Fee is \$150.00 Fee is \$550.00 UBR is \$61.25 Florida Department of OFFICERS AND INT / DIRECTOR	if State	E: Registere		9. Election Campaign Financing		(60)
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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 any accordate 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 proposes of 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 kips employered.

NAME STREET ADDRESS

TITLE

NAME

CITY ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(n-26,03

727 409-6193

Daytime Phone #