

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P02000113049

FILED
Mar 07, 2003
Secretary of State

Entity Name: ADVANCED CABINET DESIGNS, INC.

Current Principal Place of Business:

3421 WEST RIVERSIDE DRIVE
FORT MYERS, FL 33901

New Principal Place of Business:

Current Mailing Address:

3421 WEST RIVERSIDE DRIVE
FORT MYERS, FL 33901

New Mailing Address:

FEI Number: 11-3658353

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THOMPSON, OWEN C
3421 WEST RIVERSIDE DRIVE
FORT MYERS, FL 33901

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: THOMPSON, OWEN C
Address: 3421 WEST RIVERSIDE DRIVE
City-St-Zip: FORT MYERS, FL 33901

Title: D () Delete
Name: BATES, KEITH L
Address: 13605 EAGLE RIDGE DRIVE, APT 1726
City-St-Zip: FORT MYERS, FL 33912

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: BATES, KEITH L
Address: 4407 TEASDALE
City-St-Zip: NORTH FT MYERS, FL 33903

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: OWEN THOMPSON

D

03/07/2003

Electronic Signature of Signing Officer or Director

Date