

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 14, 2003 8:00 am
Secretary of State

08-14-2003 90069 024 ***150.00

0137206 AT

DOCUMENT # P02000123783

1. Entity Name

CUT RITE CABINET COMPANY, INC.



Principal Place of Business

**107 CALADIUM ROW
SEBRING FL 33875**

Mailing Address

**512 FIAT AVE
SEBRING FL 33872**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

59-3762459

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**GOSSETT, GARY R JR.
2221 US 27 S
SEBRING FL 33870**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

FILE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**D
BURGESS, DAN E
512 FIAT AVE
SEBRING FL 33872**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**D
BURGESS, CORINE E
512 FIAT AVE
SEBRING FL 33872**

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CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ 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:

Dan E. Burgess
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-11-03

Date

863 840 0920

Daytime Phone #

CR2E034 (4/03)

Attachment

Cut-rite Cabinet Co Inc.

8-11-03

107 Caladium Row #4

Sebring, FL. 33875

80138477

PO2000123783

To Whom it may concern:

Please note that this was
my companies first notice of
the 2003 U.B.R.

After reading I noted, under
Frequently Asked question, of the
U.B.R pamphlet #1. there is
a waiver of late fee.

Enclosed is a check for
150⁰⁰. Please make sure all
mail comes to Address Above.

Thank You

President of

Cutrite Cabinet Co Inc,

Dan E Burgess

DAN E. Burgess