

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000002236

1. Entity Name

AFFORDABLE CUSTOM CABINETS, INC.

FILED
Mar 02, 2000 8:00 am
Secretary of State

03-02-2000 90064 044 ***150.00

Principal Place of Business

5280 - 95TH STREET NORTH
ST. PETERSBURG FL 33708

Mailing Address

5280 - 95TH STREET NORTH
STE 1
ST. PETERSBURG FL 33708-3782
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number ~~26-5585818~~
59-3159-765

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MIZELL, CHARLES M
5280 - 95TH STREET NORTH
ST. PETERSBURG FL 33708

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME MIZELL, CHARLES M
STREET ADDRESS 5280 - 95TH STREET NORTH
CITY-ST-ZIP ST. PETERSBURG FL 33708 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE T
NAME MIZELL, JENNIFER L
STREET ADDRESS 5280 - 95TH STREET NORTH
CITY-ST-ZIP ST. PETERSBURG FL 33708 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE S
NAME KNAPP, SONYA L.
STREET ADDRESS 7980 53RD WAY N
CITY-ST-ZIP PINELLAS PARK FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE C
NAME MIZELL, CHARLES II
STREET ADDRESS 7980 53RD WAY N
CITY-ST-ZIP PINELLAS PARK FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Charles M Mizell*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-4-00

Date

727-391-5072

Daytime Phone #

CR2E034 (9/99)