


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

FILED
Jun 20, 2003 8:00 am
Secretary of State

06-20-2003 90028 012 ***550.00

DOCUMENT # P93000042134 1. Entity Name Keller Kitchen Cabinets, Inc.	
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2526 State Rd 44 West Suite, Apt. #, etc.	3. Mailing Address P.O. Box 1089 Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State Deland FL	City & State Deland FL	4. FEI Number 59-3192093	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip 32720	Country	Zip 32721	Country

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

DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent Name Thomas McDonald Street Address (P.O. Box Number is Not Acceptable) 2526 State Road 44 West City Deland FL Zip Code 32720
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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 ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE President NAME Thomas McDonald STREET ADDRESS 2526 State Rd 44 West CITY-ST-ZIP Deland, FL 32720	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE Secretary NAME Thomas McDonald STREET ADDRESS 2526 State Rd 44 West CITY-ST-ZIP Deland, FL 32720	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE Treasurer NAME Stephen Toland STREET ADDRESS 2526 State Rd 44 West CITY-ST-ZIP Deland, FL 32720	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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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 on an attachment with an address, with all other like empowerment.

SIGNATURE: X  X 6/13/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)