

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000020861

1. Entity Name

ECONO LINE CABINETS, INC.

FILED
May 09, 2000 8:00 am
Secretary of State

05-09-2000 90069 034 ***150.00

Principal Place of Business

Mailing Address

2913 ROSELLE STREET
 JACKSONVILLE FL 32205
 US

2913 ROSELLE STREET
 JACKSONVILLE FL 32205-5629
 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 59-3218527

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

HOLSTON, CURTIS R
 2913 ROSELLE STREET
 JACKSONVILLE FL 32205

Name *Joyce Ann Holston*

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

2913 Roselle Street

City *Jacksonville*

FL

Zip Code

32205

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-27-00

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 **D** ☒ Delete
 NAME **HOLSTON, CURTIS R**
 STREET ADDRESS **5317 SHEN AVENUE**
 CITY-ST-ZIP **JACKSONVILLE FL 32205**

TITLE **President** ☐ Change ☒ Addition
 NAME **Joyce Ann Holston**
 STREET ADDRESS **5234 POPPY DRIVE**
 CITY-ST-ZIP **Jax FL 32205**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **Vice President** ☐ Change ☐ Addition
 NAME **Richard Holston**
 STREET ADDRESS **5234 POPPY DRIVE**
 CITY-ST-ZIP **Jax FL 32205**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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

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: *Joyce Holston*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-00
 Date

1-904 387-6895
 Daytime Phone #