

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000058522

1. Entity Name

CRAFT LINE UTILITY CABINETS, INC.

FILED
May 26, 2000 8:00 am
Secretary of State

05-26-2000 90037 015 ***150.00

Principal Place of Business

125 SE 3RD ST
 C & D
 DEERFIELD BEACH FL 33441
 US

Mailing Address

1450 NE 4TH CT
 BOCA RATON FL 33432-1905
 US

2. Principal Place of Business

2960 NW 2ND Ave

3. Mailing Address

1450 NE 4TH COURT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5

City & State

Boca Raton FL

City & State

Boca Raton FL

4. FEI Number

65-0514831

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

Country

Palm Bch

Zip

33432

Country

Palm Bch

6. Name and Address of Current Registered Agent

MOHLER, JILL
 1450 NE 4TH COURT
 BOCA RATON FL 33432

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.

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

TITLE	P	<input type="checkbox"/> Delete
NAME	MOHLER, JILL N	
STREET ADDRESS	1450 NE 4TH COURT	
CITY-ST-ZIP	BOCA RATON F	
TITLE	VS	<input type="checkbox"/> Delete
NAME	MOHLER, KENNETH	
STREET ADDRESS	1450 NE 4TH COURT	
CITY-ST-ZIP	BOCA RATON FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

Kenneth E. Mohler
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/2/00

561-393-1249

CR2E034 (9/99)

103004
#P94DDPS8522
This Report was in my truck
to be mailed 4/13/00
When I was in an accident
The Repair Shop found it
under the Seat

When I called
the person I spoke to
said I would not be
charged late fees

Ken Mohr
3931249

Please find
Enclosed a Copy of accident
Report

Thank You for Your
Kindness