

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 17, 2001 8:00 am**  
**Secretary of State**

0301872

**DOCUMENT # P94000058522**

1. Entity Name

**CRAFT LINE UTILITY CABINETS, INC.**

05-17-2001 90396 034 \*\*\*150.00

Principal Place of Business

2960 NW 2ND AVE  
 5  
 BOCA RATON FL 33431  
 US

Mailing Address

1450 NE 4TH CT  
 BOCA RATON FL 33432  
 US

00007367

2. Principal Place of Business

**100 NW 2ND AVE**

3. Mailing Address

Suite, Apt. #, etc.

**C-3**

DO NOT WRITE IN THIS SPACE

City & State

**BOCA RATON FL**

City & State

4. FEI Number **65-0514831**

Applied For

Not Applicable

Zip

**33431**

Country

**USA**

Zip

**33431**

Country

**Palm Beach**

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

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

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

*Jill R. Mohler*

**05-09-10**

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. ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 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** ☐ Delete  
 NAME **MOHLER, JILL N**  
 STREET ADDRESS **1450 NE 4TH COURT**  
 CITY-ST-ZIP **BOCA RATON F**

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

TITLE **VS** ☐ Delete  
 NAME **MOHLER, KENNETH**  
 STREET ADDRESS **1450 NE 4TH COURT**  
 CITY-ST-ZIP **BOCA RATON FL**

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

TITLE ☐ Delete  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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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:

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

**05-09-01**

**561-395-1269**

Date

Daytime Phone #

CR2E034 (10/00)

Dear Sir or Madam

attachment  
# P9400058522

IN Moving My Business Location  
Some mixups of Files occurred. I am sorry.  
I was missing this form and found  
it Today. I thought it was  
due by the 15<sup>th</sup> of May. Please  
accept my Tardiness. It won't  
happen again. I called and was  
told to send \$150<sup>00</sup> immediately. I am  
sending it overnite mail.

Respectfully,  


561-393-1269