FILED

2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address

SIGNATURE: **丛**

Feb 11, 2002 8:00 am Secretary of State P94000080018 **DOCUMENT #** 1. Entity Name 02-11-2002 90146 049 ***150 00 MAJESTIC CABINETS, INC. Principal Place of Business Mailing Address 4189-B JAMES STREET 4189-B JAMES STREET PORT CHARLOTTE FL 33983 PORT CHARLOTTE FL 33983 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0550796 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent NORRIS, L. MICHAEL Street Address (P.O. Box Number is Not Acceptable) 4189-B JAMES STREET PORT CHARLOTTE FL 33983 Zip Code FL 8. The above named entity : se of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE _ (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. CR2E034 (9/01) TIŤLE TITLE Change ☐ Addition ☐ Delete NORRIS, MICHAEL L NAME NAME 182 ALLWORTHY STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PORT CHARLOTTE FL 33952 CITY-ST-ZIP TITLE ☐ Change ☐ Addition Delete TITLE NAME SCHULTZ, JEFFREY D. NAME 33746 CONMORE STREET STREET ADDRESS STREET ADDRESS PORT CHARLOTTE FL 33948 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE Addition ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - 7IP TITLE ☐ Delete Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 employee to this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

REOLD MIKE NORRIS