## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

## P94000080018 **DOCUMENT #**

1. Entity Name

MAJESTIC CABINETS, INC.



## **FILED** Feb 17, 2003 8:00 am Secretary of State 02-17-2003 90173 002 \*\*\*150.00

Principal Place of Business 4189-B JAMES STREET PORT CHARLOTTE FL 33983		Mailing Address 4189-B JAMES STREET PORT CHARLOTTE FL 33983					
2. Principal i	Place of Business	3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.			☐ CHECK HERE IF MAK!	NG CHANGES	
City & State		City & State			4. FEI Number 65-0550796	Applied For	
Zip	Country	Zip	Country		5. Certificate of Status Desired	<b>\$8.75</b> Ad	
	6. Name and Address of Current I	Registered Agent ~ ——	in the second of the second		~7. Name and Address of New Registere	Fee Require	•
NORRIS, L. MICHAEL 4189-B JAMES STREET				Name Street Address (P.O. Box Number is Not Acceptable)			
•							
POHICH	ARLOTTE FL 33983		City		F	Zip Cod	e
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							
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State					Election Campaign Financing     Trust Fund Contribution.		May Be
10.	OFFICERS AND I	DIRECTORS	11.		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTOR	S IN 11.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Norris, Michael L 182 Allworthy Street Port Charlotte FL 33952	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	20H	E PRESIDENT ULTZ, JEFFREY D. CONMORE STREET CHARLOTTE FL 33948	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	NOR 182	ASURER RIS. MICHAEL L ALLWORTHY STREET CHARLOTTE FL 3399	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	) () ( <del>) ()</del>	☐ Delêtê **	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SE		Change	Addition
TITLE NAME STREET ADORESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		tion 119 07(3Vi) Florida Statutes   further o	☐ Change	Addition

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 Block 11 if changed, or on an attachment with the address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9N1-76N-1615 Daytime Phone #