

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 07, 2001 8:00 am
Secretary of State

02-07-2001 90134 019 ***150.00

DOCUMENT # P95000011644

1. Entity Name

J.I. CABINETRY, INC.

Principal Place of Business

550 INDUSTRIAL WAY
UNIT C & D
BOYNTON BEACH FL 33426

Mailing Address

550 INDUSTRIAL WAY
UNIT C & D
BOYNTON BEACH FL 33426

new address
↓

2. Principal Place of Business

6770 Lantana Rd.

3. Mailing Address

6770 Lantana Rd.

Suite, Apt. #, etc.

Suite 1 + 2

Suite, Apt. #, etc.

Suite 1 + 2

City & State

Lake Worth, FL

City & State

Lake Worth, FL

Zip

33467

Country

USA

Zip

33467

Country

USA

4. FEI Number

65-0554975

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ILOMAKI, JON E
550 INDUSTRIAL WAY
UNIT C & D
BOYNTON BEACH FL 33426

7. Name and Address of New Registered Agent

Name

PATRICIA L. ILOMAKI

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

6770 Lantana Road

Suite 1 + 2

City

Lake Worth

FL

Zip Code

33467

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

Patricia L. Iloimaki

2/2/01

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, 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

TITLE	V/T	<input type="checkbox"/> Delete
NAME	ILOMAKI, PATRICIA L	
STREET ADDRESS	1525 NO. "O" STREET	
CITY-ST-ZIP	LAKE WORTH FL 33460	
TITLE	PD	<input type="checkbox"/> Delete
NAME	ILOMAKI, JON E	
STREET ADDRESS	1525 NO. "O" STREET	
CITY-ST-ZIP	LAKE WORTH FL 33460	
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
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
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:

Patricia L. Iloimaki

2/2/01

561-432-2050

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0295621

CR2E034 (10/00)