

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000021584

1. Entity Name

PHANTOM CABINET INSTALLATIONS, INC.

FILED
Apr 20, 2000 8:00 am
Secretary of State

04-20-2000 90038 048 ***150.00

Principal Place of Business

3219 FRENCH AVE
LAKE WORTH FL 33461

Mailing Address

539 E. JINNITA ST.
HERNANDO FL 34442-4647

2. Principal Place of Business

540 E. Jinnita St.

3. Mailing Address

540 E. Jinnita St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Hernando, FL

City & State

Hernando, FL

4. FEI Number

65-0567696

Applied For

Not Applicable

Zip

34442

Country

USA

Zip

34442

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BUTTS, LISA
3219 FRENCH AVE.
LAKE WORTH FL 33461

7. Name and Address of New Registered Agent

Name

Lisa M. Butts

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

540 E. Jinnita St.

City

Hernando

FL

Zip Code

34442

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

Lisa M. Butts Vice-President

4/15/00

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	DV	<input checked="" type="checkbox"/> Delete
NAME	BUTTS, LISA	
STREET ADDRESS	3225 FRENCH AVE.	
CITY-ST-ZIP	LAKE WORTH FL 33461	
TITLE	DV	<input checked="" type="checkbox"/> Delete
NAME	BUTTS, LISA	
STREET ADDRESS	3219 FRENCH AVE	
CITY-ST-ZIP	LAKE WORTH FL 33461	
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	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Michael F. Butts	
STREET ADDRESS	540 E. Jinnita St.	
CITY-ST-ZIP	Hernando, FL 34442	
TITLE	V.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lisa M. Butts	
STREET ADDRESS	540 E. Jinnita St.	
CITY-ST-ZIP	Hernando, FL 34442	
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:

Lisa M. Butts (Lisa M. Butts)

4/15/00

352-527-6447

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)