

2000 UNIFORM BUSINESS REPORT (UBR)**FILED**
Mar 07, 2000 8:00 am
Secretary of State

03-07-2000 90099 046 ***150.00

C0034055

DO NOT WRITE IN THIS SPACE

DOCUMENT # P95000023490

1. Entity Name

CABINETURE, INC.

Principal Place of Business

39972 US HWY 19 NORTH
TARPON SPRINGS FL 34689
US

Mailing Address

39972 US HWY 19 NORTH
TARPON SPRINGS FL 34689-8338
US

2. Principal Place of Business

9737 New York Ave.

3. Mailing Address

PMB 303 13806 Little Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Hudson FLA.

City & State

Hudson FL

4. FEI Number

59-3311029

Applied For -

Not Applicable

Zip

34667

County

PASCO

Zip

34667

County

PASCO

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

DODGE, RICHARD H
1312 HOMESTEAD DR.
PALM HARBOR FL 34683

7. Name and Address of New Registered Agent

Name

David Chaney

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

5148 Worth Ct

City

NewPort Richey

FL

Zip Code

34653

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3-2-00

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 State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

| | | |
|----------------|--------------------|---------------------------------|
| TITLE | P | <input type="checkbox"/> Delete |
| NAME | CHANEY, DAVID | |
| STREET ADDRESS | 5148 WORTH COURT | |
| CITY-ST-ZIP | NEW PORT RICHEY FL | |
| TITLE | STV | <input type="checkbox"/> Delete |
| NAME | CHANEY, SHELLY | |
| STREET ADDRESS | 5148 WORTH COURT | |
| CITY-ST-ZIP | NEW PORT RICHEY FL | |
| 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 | | |
| 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 |
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| 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: Shelly Chaney V.P. Shelly Chaney

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-2-00 727-869-9605
4204