2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State
04-28-2003 91507 010 ***150.00

DOCUMENT # P95000093850

1. Entity Name
PARE'S CUSTOM CABINETS, INC.

Principal Place of Business	Mailing Address
11112 WASHINGTON HWY BLDG C GLEN ALLEN VA 23059 US	11112 WASHINGTON HWY BLDG C GLEN ALLEN VA 23059 US

2. Principal Place of Business		3. Mailing Address	
11233 Washington Hwy		11233 Washington Hwy	
Suite, Apt. #, etc. Bldg C		Suite, Apt. #, etc. Bldg C	
City & State Glen Allen, VA		City & State Glen Allen VA	
Zip 23059	Country US	Zip 23059	Country US

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3350391 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
KILLOUGH, CLAY 3947 BOULEVARD CENTER DRIVE SUITE #107 JACKSONVILLE FL 32207	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	PARE, GERARD W JR		NAME		
STREET ADDRESS	11233 WASHINGTON HWY, BLDG C		STREET ADDRESS		
CITY-ST-ZIP	GLEN ALLEN VA 23059		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Gerard W. Pare Jr. 1-24-03 804-798-5097
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #