

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 19, 2002 8:00 am
Secretary of State

02-19-2002 90061 019 ***150.00

DOCUMENT # P96000008123

1. Entity Name
AAA COMMERCIAL CABINETRY, INC.

Principal Place of Business

**ROUTE 1 BOX 3940
 FT WHITE FL 32038**

Mailing Address

**ROUTE 1 BOX 3940
 FT WHITE FL 32038**

2. Principal Place of Business

**25370 NW 8th LANE
 Suite, Apt. #, etc.**

3. Mailing Address

**P.O. Box 305
 Suite, Apt. #, etc.**

City & State
Newberry Florida

City & State
Newberry Florida

4. FEI Number

59-3357122

Applied For
 Not Applicable

Zip
32669

Country
U.S.A.

Zip
32669

Country
U.S.A.

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**PARKER, SUSAN G
 ROUTE 1 BOX 3940
 FT WHITE FL 32038**

7. Name and Address of New Registered Agent

Name

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

25370 NW 8th LANE

City
Newberry

FL

Zip Code
32669

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

SUSAN G. PARKER

Susan G. Parker

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, 2002 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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**D
 PARKER, SUSAN G
 ROUTE 1 BOX 3940
 FT WHITE FL 32038**

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**D
 PARKER, RICHARD C
 ROUTE 1 BOX 3940
 FT WHITE FL 32038**

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE
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 STREET ADDRESS
 CITY-ST-ZIP

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TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**P.O. Box 305
 Newberry FL 32669**

☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**P.O. Box 305
 Newberry FL 32669**

☒ Change ☐ Addition

TITLE
 NAME
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☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

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:

Susan G. Parker

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)