

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000018215

1. Entity Name

ALTERNATIVE DESIGNS CUSTOM CABINETRY, INC.

FILED
May 03, 2000 8:00 am
Secretary of State

05-03-2000 90051 043 ***150.00

Principal Place of Business

5201 E. BROADWAY
TAMPA FL 33619

Mailing Address

~~P.O. BOX 815~~
BRANDON FL 33509-0615

2. Principal Place of Business

SAME
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 89158
Suite, Apt. #, etc.

City & State

Zip

Country

City & State

Zip

Country

TAMPA - FL

33689-0402 HILLS.

4. FEI Number

59-2187422

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TOMLINSON, MARY L
200 LESLIE DR. #921
HALLANDALE FL 33009

7. Name and Address of New Registered Agent

Name

MARY L. TOMLINSON-CAIN

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

6104 CACAO DR

City

APOLLO BEACH

FL

Zip Code

33512

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

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 ☐ Delete
NAME P
STREET ADDRESS TOMLINSON, MARY L
CITY-ST-ZIP 200 LESLIE DRIVE #921
HALLANDALE FL

TITLE ☐ Delete
NAME V
STREET ADDRESS TOMLINSON, DANNY C
CITY-ST-ZIP 750 PEARL CIRCLE
BRANDON FL 33511

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☒ Addition
NAME P
STREET ADDRESS MARY L TOMLINSON-CAIN
CITY-ST-ZIP 6104 CACAO DR.
APOLLO BEACH, FL 33512

TITLE ☒ Change ☐ Addition
NAME V
STREET ADDRESS DANNY TOMLINSON
CITY-ST-ZIP P.O. Box 89158
TAMPA, FL 33689-0402

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

042900

813-248-6102