

2001 UNIFORM BU

REPORT (UBR)

FILED
Feb 08, 2001 8:00 am
Secretary of State

DOCUMENT #

PA60000248

1. Entity Name

SURE CABINETS & CUSTOM FURNITURE

02-08-2001 90459 028 ***150.00

Principal Place of Business

1140 B 53 CT NORTH
MANGONIA PARK FL
33407

Mailing Address

WILLIAM HAIGH
4874 S MARBELLA RD
WPC FL 33417

020022

2. Principal Place of Business

3. Mailing Address

Suite, Apt # etc.

Suite, Apt #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

650666349

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

Input box

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DAVID PICCOLO
1738 45 ST
WPC FL 33407

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.

SIGNATURE

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

(NOTE: Registered Agent's signature requires later filing)

Date

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (See criteria on back)

Input box

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$350.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contributor

Input box

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

Table with 6 rows for Officers and Directors. Columns include Title, Name, Street Address, City-St-Zip, and a Delete checkbox.

Table with 6 rows for Additions/Changes to Officers and Directors. Columns include Title, Name, Street Address, City-St-Zip, and checkboxes for Change and 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 I am empowered.

SIGNATURE:

William J Haigh

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-30-2001

561-882-3979

CR2E034 (11/00)