

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000031652

1. Entity Name

CABINET SOLUTIONS, INC.

**FILED**  
**Apr 12, 2001 8:00 am**  
**Secretary of State**

04-12-2001 90543 023 \*\*\*150.00

0469171

Principal Place of Business

271 ANDERSON DRIVE  
MARY ESTHER FL 32569  
US

Mailing Address

271 ANDERSON DRIVE  
MARY ESTHER FL 32569  
US

Note:  
New  
Address

2. Principal Place of Business

244 Elliott Road

3. Mailing Address

244 Elliott Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Mary Esther, FL

City & State

Mary Esther, FL

Zip

32569

Country

Zip

32569

Country

4. FEI Number

59-3376626

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

NORTON, WESLEY D  
271 ANDERSON DRIVE  
MARY ESTHER FL 32569

7. Name and Address of New Registered Agent

Name

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

244 Elliott Road

City

Mary Esther

FL

Zip Code

32569

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

*Wesley D. Norton*

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

(NOTE: Registered Agent signature required when reinstating)

4-9-01

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, 2001 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 D ☐ Delete  
NAME NORTON, WESLEY D  
STREET ADDRESS 271 ANDERSON DRIVE  
CITY-ST-ZIP MARY ESTHER FL 32569

TITLE D ☐ Delete  
NAME NORTON, SUSANNE  
STREET ADDRESS 271 ANDERSON DRIVE  
CITY-ST-ZIP MARY ESTHER FL 32569

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  
STREET ADDRESS 244 Elliott Road  
CITY-ST-ZIP Mary Esther, FL 32569

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 244 Elliott Road  
CITY-ST-ZIP Mary Esther, FL 32569

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:

*Wesley D. Norton*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-09-01

Date

850-243-2844

Daytime Phone #

CR2E034 (10/00)