

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Feb 06, 2001 8:00 am**  
**Secretary of State**

02-06-2001 90316 037 \*\*\*150.00

**DOCUMENT # P96000045144**

1. Entity Name

**ELITE CABINETS OF NORTH AMERICA, INC.**

Principal Place of Business

**4035 REYNOLDS BLVD  
GREEN COVE SPRINGS FL 32043**

Mailing Address

**ONE INDEPENDENT DRIVE  
STE 2600  
JACKSONVILLE FL 32202**2. Principal Place of Business  
**716 King Street**3. Mailing Address  
**716 King Street**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**Jacksonville, Florida**City & State  
**Jacksonville, Florida**4. FEI Number **59-3384306**

Applied For

Not Applicable

Zip  
**32205**

Country

Zip  
**32205**

Country

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

**ROBISON, MARY A  
1 INDEPENDENT DR  
SUITE 2600  
JACKSONVILLE FL 32202**

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 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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>RUTHERFORD, RICHARD A JR</b> <b>1893 COUNTY RD RD 220</b> <b>ORANGE PARK FL 32073</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D/P/T</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>RUTHERFORD, RICHARD A. JR.</b> <b>PO BOX 1615</b> <b>Orange Park, Florida 32067-1615</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V/S</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>RUTHERFORD, JUDITH ANN</b> <b>PO BOX 1615</b> <b>Orange Park, Florida 32067-1615</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:

*Judith Ann Rutherford*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**Judith Ann Rutherford**

Date

Daytime Phone #

**(904) 981-2728**

CR2E034 (10/00)