

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000071821

1. Entity Name

WORLDWIDE CABINETRY, INC.

**FILED**  
**Feb 17, 2000 8:00 am**  
**Secretary of State**

02-17-2000 90078 013 \*\*\*150.00

Principal Place of Business

Mailing Address

9905 N 20TH ST  
TAMPA FL 33612  
US

9905 N 20TH ST  
TAMPA FL 33612-8339  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3402527

Applied For

Not Applicable

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

FILINGS, INC.  
3732 N 16TH ST  
FT LAUDERDALE FL 33311

Name  
Richard Huckaby  
Street Address (P.O. Box Number is Not Acceptable)  
5518 W. LINDEN BLVD

City Tampa FL Zip Code 33624

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 X Richard Huckaby Richard Huckaby

X 1-12-00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D P ☐ Delete  
NAME MCCREARY, MARTIN  
STREET ADDRESS 9905 N 20TH ST  
CITY-ST-ZIP TAMPA FL 33609

TITLE P ☒ Change ☒ Addition  
NAME Richard Huckaby VP  
STREET ADDRESS 5518 W. LINDEN BLVD  
CITY-ST-ZIP Tampa, FL 33624

TITLE Richard Huckaby ☐ Delete  
NAME 5518 W. LINDEN BLVD  
STREET ADDRESS Tampa, FL 33624  
CITY-ST-ZIP

TITLE Richard Huckaby VP ☐ Change ☒ Addition  
NAME 5518 W. LINDEN BLVD  
STREET ADDRESS Tampa, FL 33624  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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 an other, the empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #