

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jul 07, 2003 8:00 am
Secretary of State

07-07-2003 90136 047 ***550.00

DOCUMENT # P96000071821

1. Entity Name
WORLDWIDE CABINETRY, INC.



Principal Place of Business
**5518 W. LINEBAUGH AVENUE
TAMPA, FL 33624 US**

Mailing Address
**9905 N 20TH ST
TAMPA, FL 33612 US**

90140640



2. Principal Place of Business
2501 Ayers Hill Ct.
Suite, Apt. #, etc.

3. Mailing Address
2501 Ayers Hill Ct
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
Lutz, FL

City & State
Lutz, FL

4. FEI Number
59-3402527

Applied For
☐ Not Applicable

Zip
33559

Country
USA

Zip
33559

Country
USA

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**HUCKABY, RICHARD
6518 W LINEBAUGH AVENUE
TAMPA, FL 33624**

7. Name and Address of New Registered Agent

Name **MARTIN MCCREARY**
Street Address (P.O. Box Number is Not Acceptable)
2501 Ayers Hill Ct
City **Lutz** FL **33559**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Martin D McCreary**
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature required when reinstating)

DATE **7-1-03**

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **MCCREARY, MARTIN**
STREET ADDRESS **5518 LINEBAUGH AVENUE**
CITY-ST-ZIP **TAMPA, FL 33624**

TITLE **V** ☒ Delete
NAME **HUCKABY, RICHARD**
STREET ADDRESS **5518 LINEBAUGH AVENUE**
CITY-ST-ZIP **TAMPA, FL 33624**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Martin D McCreary**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **7-1-03**

Daytime Phone # **813 6015673**

CR2E034 (10/02)