

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90177 045 ***150.00

DOCUMENT # P96000078581
1. Entity Name
 CONTEMPORARY CUSTOM CABINETS, INC. ✓

Principal Place of Business **Mailing Address**
 3348 Mustang Drive
 Brooksville, Florida 34609

2. Principal Place of Business **3. Mailing Address**
 Suite, Apt. #, etc.

City & State **City & State**
Zip **Country** **Zip** **Country**

4. FEI Number
 59-3401330
Applied For
 Not Applicable
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
 Flaughner, Terrance L.
 3348 Mustang Drive
 Brooksville, Florida 34609

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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**

1. OFFICERS AND DIRECTORS		
TITLE	D	<input type="checkbox"/> Delete
NAME	Flaughner, Terrance L.	
STREET ADDRESS	3333 Princeton Road	
CITY-ST-ZIP	Brooksville, FL 34609	
TITLE	D	<input type="checkbox"/> Delete
NAME	Flaughner, Barbara J.	
STREET ADDRESS	3333 Princeton Road	
CITY-ST-ZIP	Brooksville, FL 34609	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	Flaughner, Bryan C.	
STREET ADDRESS	3348 Mustang Dr	
CITY-ST-ZIP	Brooksville, FL 34609	<input type="checkbox"/> Delete
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	3348 Mustang Drive	
CITY-ST-ZIP	Brooksville, FL 34609	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	3348 Mustang Drive	
CITY-ST-ZIP	Brooksville, FL 34609	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Terrance L. Flaughner* **Terrance L. Flaughner** *April 26, 2001* **352-796-8620**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)