2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Mar 18, 2002 8:00 am § P96000080708 DOCUMENT # **Secretary of State** 1. Entity Name 03-18-2002 90075 015 ***150.00 ENGLISH HERITAGE CABINETRY, INC. Mailing Address Principal Place of Business 1380 OLD DIXIE HIGHWAY SW 1380 OLD DIXIE HIGHWAY SW VERO BEACH FL 32962 VERO BEACH FL 32962 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE. ~ Suite, Apt. #, etc. Suite. Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0708345 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BOURNE, STEVEN J Street Address (P.O. Box Number is Not Acceptable) & TH 1875 19TH AVE SW VERO BEACH FL 32962 City V ERO Zip Code 3 2 9 6 8 BEACH 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 BOUR NE STEUGN (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. (9/01) Change ☐ Addition ☐ Delete TITLE TITLE n NAME NAME BOURNE, STEVEN J CR2E034 LANE 4478 8+H STREET ADDRESS STREET ADDRESS 1875 19TH AVE SW CITY-ST-ZIP CITY-ST-ZIP VERO BEACH FL VERO BEACH Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change TITLE ☐ Addition ☐ Delete TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. Thereby 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

MK Q STIGUEN S. POULNE

FILED