

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

**FILED**  
**Jan 10, 2003 8:00 am**  
**Secretary of State**

01-10-2003 90205 036 \*\*\*150.00

**DOCUMENT # P96000080708**

1. Entity Name  
**ENGLISH HERITAGE CABINETRY, INC.**



Principal Place of Business  
**1380 OLD DIXIE HIGHWAY SW  
VERO BEACH FL 32962**

Mailing Address  
**1380 OLD DIXIE HIGHWAY SW  
VERO BEACH FL 32962**



2. Principal Place of Business

**1380 OLD DIXIE HWY SW**

Suite, Apt. #, etc.

3. Mailing Address

**1380 OLD DIXIE HWY SW**

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

**VERO BEACH FL**

City & State

**VERO BEACH FL**

4. FEI Number **65-0708345**

Applied For

Not Applicable

Zip

**32962**

Country

**INDIAN RIVER**

Zip

**32962**

Country

**INDIAN RIVER**

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**BOURNE, STEVEN J  
4478 8TH LANE SW  
VERO BEACH FL 32968**

7. Name and Address of New Registered Agent

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

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
BOURNE, STEVEN J  
4478 8TH LANE SW  
VERO BEACH FL 32968** ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
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CITY-ST-ZIP ☐ Change ☐ Addition

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:

**SIGNATURE REQUIRED BOURNE**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**01/07/03 772 562 7137**  
Date Daytime Phone #

CR2E034 (10/02)