

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000091635

1. Entity Name

ADVANTAGE CARPENTRY AND CABINETS INC.

Principal Place of Business

Mailing Address

2. Principal Place of Business

13317 State RT JJ

Suite, Apt. #, etc.

3. Mailing Address

Same

Suite, Apt. #, etc.

City & State

West Plains, MO

Zip

65775

Country

USA

City & State

Zip

Country

4. FEI Number

59-3409655

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

Name

G M Munce, CPA

Street Address (P.O. Box Number is Not Acceptable)

641 Bryn Mawr St

City

Orlando,

FL

Zip Code
32804

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

407/843-2601

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

Delete

Change

Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Pres/Dir
Ronald D. Walls
13317 State RT JJ
West Plains MO 65775

TITLE
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 all other like empowered.

SIGNATURE:

Ronald D. Walls

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/01
Date

Daytime Phone #

CR2E034 (11/00)