

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2002 8:00 am
Secretary of State

03-14-2002 90086 036 ***150.00

0325031 AV

DOCUMENT # P96000096389

1. Entity Name

H.T. CUSTOM CABINETS INC.

Principal Place of Business

Mailing Address

~~4340 NE 5TH TERRACE~~
OAKLAND PARK FL 33304

~~4261 NW 38 TER~~
LAUDERDALE LAKES FL 33309

2. Principal Place of Business

4360 N.E. 5TH TERRACE

3. Mailing Address

4360 N.E. 5TH TERR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

OAKLAND PARK FL

City & State

OAKLAND PARK FL

Zip

33334

Country

USA

Zip

33334

Country

USA

4. FEI Number

65-0713383

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

THOMAS, HILARY

~~4261 NW 38 TERR~~

~~LAUDERDALE LAKES FL 33309~~

THOMAS, HILARY

4360 N.E. 5TH TERRACE

OAKLAND PARK

FL. 33334

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.

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, 2002 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

TITLE **D** ☐ Delete
 NAME **THOMAS, HILARY**
 STREET ADDRESS ~~4261 NW 38 TER~~
 CITY-ST-ZIP **LAUDERDALE LAKES FL 33309**

TITLE **D** ☒ Change ☐ Addition
 NAME **THOMAS, HILARY**
 STREET ADDRESS **4360 N.E. 5TH TERRACE**
 CITY-ST-ZIP **OAKLAND PARK, FL. 33334**

TITLE **D** ☐ Delete
 NAME **THOMAS, GLENDA**
 STREET ADDRESS ~~4261 NW 38 TER~~
 CITY-ST-ZIP **LAUDERDALE LAKES FL 33309**

TITLE **D** ☒ Change ☐ Addition
 NAME **THOMAS, GLENDA**
 STREET ADDRESS **4360 N.E. 5TH TERRACE**
 CITY-ST-ZIP **OAKLAND PARK FL. 33334**

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
 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:

Thomas - Glenda Thomas - 03/01/02 954-566-6133

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)