

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 04, 2003 8:00 am
Secretary of State

09-04-2003 90060 035 ***150.00

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DOCUMENT # P96000096389

1. Entity Name

H.T. CUSTOM CABINETS INC.



Principal Place of Business

4360 NE 5TH TERRACE
OAKLAND PARK FL 33334

Mailing Address

4360 NE 5TH TERRACE
OAKLAND PARK FL 33334

2. Principal Place of Business

3. Mailing Address

1350 SW 75TH AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

PLANTATION, FLORIDA

4. FEI Number

65-0713383

Applied For

Not Applicable

Zip

Country

Zip

Country

33317-4937

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

THOMAS, HILARY

4360 NE 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. 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 \$550.00

After September 10, 2003 Fee will be \$750.00

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
THOMAS, HILARY
4360 NE 5TH TERRACE
OAKLAND PARK FL 33334 ☐ Delete

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

TITLE
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THOMAS, GLENDA
4360 NE 5TH TERRACE
OAKLAND PARK FL 33334 ☐ Delete

TITLE
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☐ 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8/29/03

CR2E034 (4/03)

Attachment
86143466

August 27, 2003

H.T. CUSTOM CABINETS INC.
1350 SW 75th Ave.
Plantation, FL 33317

Division of Corporation
Uniform Business Report Filings
P O Box 1500
Tallahassee FL 32302-1500

RE: Uniform Business Report Filing For 2003
Document # P96000096389

Sir/madam:

I would like to inform you that I did not receive the first notice in regard to the uniform business report filing for the year 2003. I do not get all the letters addressing to my business place. I indicate a change of mailing address in the report. Please abate the penalty and accept the fee of \$ 150.00

Sincerely,


Hilary Thomas
President