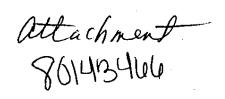
Daytime Phone #

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: SIGNATURE

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)					FILED Sep 04, 2003 8:00 am Secretary of State	
DOCUMENT # P96000096389 1. Entity Name H.T. CUSTOM CABINETS INC.				09-04-2003 90060 035 ***150.00		
Principal Plac 4360 NE 5TH OAKLAND PAI	TERRACE	Mailing Address 4360 NE 5TH TERRACE OAKLAND PARK FL 33334	A See Will			
·	Place of Business	3. Mailing Address	75TH AL	IE.	I NOBILOBEL ING TOTALO ARIAK BORKI BURKI BURKI BURKU BURKU BILIBU KILOBU KURU KURU PURK KUBU.	
Suite, Apt.		Suite, Apt. #, etc. City & State			CHECK HERE IF MAKING CHANGES FEI Number Applied For	
Zip	Country	PLAN TATIO	Country FLOA	2,DA	65-0713383 Not Applicable	
	6. Name and Address of Cur	33317-4937	Country		Certificate of Status Desired \$8.75 Additional Fee Required Name and Address of New Registered Agent	
		Terri riegistered Agent	Name		. Name and Address of New Registered Agent	
THOMAS, HILARY 4360 NE 5TH TERRACE OAKLAND PARK FL 33334				Street Address (P.O. Box Number is Not Acceptable)		
			City		FL Zip Code	
	named entity submits this stateme ions of registered agent. Signature, typed or printed name of registered		egistered office or re		agent, or both, in the State of Florida. I am familiar with, and accept	
After Se	ILE NOW!!! FEE IS \$550.00 ptember 10, 2003 Fee will be \$ c Payable to Florida Departme	\$750.00			9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.	
10.		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	
IITLE • Name Street address City-St-Zip	D THOMAS, GLENDA 4360 NE 5TH TERRACE OAKLAND PARK FL 33334	☐ Delete	TITLE NAME STRÉET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	•••	☐ Change ☐ Addition	
ITLE , NAME STREET ADDRESS DITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
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ITLE IAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
Indicated	on this report or supplemental rep	off is true and accurate and that my	/ signature shall hav	re the sam	in 119.07(3)(i), Florida Statutes. I further certify that the information le legal effect as if made under oath; that I am an officer or director orida Statutes, and that my name appears in Block 10 or Block 11 if	



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 Rhómas President