## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## **FILED** Jan 20, 2000 8:00 am Secretary of State DOCUMENT # P9700000335 1. Entity Name DOUG'S CABINETS, INC. 01-20-2000 90232 040 \*\*\*150.00 Mailing Address Principal Place of Business 8331 CONGRESS ST. 8331 CONGRESS ST. PORT RICHEY FL 34668 PORT RICHEY FL 34668-6717 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3422837 Not Applicable Country Country Zip \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name LUDWIG, DOUG C Street Address (P.O. Box Number is Not Acceptable) 8331 CONGRESS ST. PORT RICHEY FL 34668 Zip Code FI 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, 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 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. $\Box$ Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Addition Change TITLE Delete TITLE LUDWIG. DOUG C. NAME NAME STREET ADDRESS STREET ADDRESS 8209 PAPAYA ST CITY-ST-ZIP CITY-ST-ZIF PORT RICHEY FL 34668 ☐ Delete TITLE ☐ Change Addition TITLE LUDWIG, NADINE NAME STREET ADDRESS 8209 PAPAYA ST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PORT RICHEY FL 34668 ☐ Delete ☐ Change ■ Addition TITLE TITLE LUDWIG, DOUG C. NAME NAME STREET ADDRESS STREET ADDRESS 8209 PAPAYA ST CITY-ST-ZIP CITY-ST-7IP PORT RICHEY FL 34668 ☐ Delete ☐ Change ☐ Addition TITLE TITLE LUDWIG, NADINE NAME NAME STREET ADDRESS 8209 PAPAYA ST STREET ADDRESS CITY-ST-ZIP DITY-ST-7IP PORT RICHEY FL 34668 TITLE ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change Addition Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

Daytime Phone #

Date