

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 13, 2000 8:00 am**  
**Secretary of State**

05-13-2000 90035 015 \*\*\*150.00

**DOCUMENT # P97000003763**

1. Entity Name

**ALL PHASE CABINET INSTALLATIONS, INC.**

Principal Place of Business

Mailing Address

240 POWER CT  
 SUITE 132  
 SANFORD FL 32771  
 US

P O BOX 740899  
 ORANGE CITY FL 32774-0899  
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

**240 Power Ct.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**#140**

City & State

City & State

**Sanford, FL.**

Zip

Country

Zip

Country

**32771**

4. FEI Number **59-3421746**

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

**AMERILAWYER CHARTERED**  
**343 ALMERIA AVENUE**  
**CORAL GABLES FL 33134**

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, 2000 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>BRATCHER, JOSEPH H</b> <b>489 W. HOLLY DR</b> <b>ORANGE CITY FL 32763</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TS</b> <b>VANDELUNDE, SUSAN</b> <b>489 W. HOLLY DR</b> <b>ORANGE CITY FL 32763</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>BRATCHER, Timothy</b> <b>489 W. HOLLY DR.</b> <b>ORANGE CITY, FL. 32774</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TS</b> <b>Bratcher, Susan</b> <b>489 W. Holly Dr.</b> <b>ORANGE CITY, FL. 32774</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

CR2E034 (9/99)

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/28/00 904-917-0677**  
 Date Daytime Phone #