

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90150 023 ***150.00

DOCUMENT # 99700000 4685

1. Entity Name
Naples Custom Cabinet & Furniture Inc.

DO NOT WRITE IN THIS SPACE

642078

2. Principal Place of Business
1720 J & C Blvd. #9

3. Mailing Address
Same

Suite, Apt. #, etc. 9

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Naples FL.

City & State

4. FEI Number

Applied For

Not Applicable

Zip
34109

Country
Collier

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Tom W. Hammond

Street Address (P.O. Box Number is Not Acceptable)
1720 J & C Blvd #9

Naples FL. 34109

City

FL

Zip Code

34109

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 Tom W Hammond

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature required when reinstating)

4-15-2002

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Pres
Tom W Hammond
1720 J & C Blvd #9
Naples FL. 34109

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V. P.
George S. Weichelt
1720 J & C Blvd #9
Naples FL. 34109

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Tom W Hammond CEO Tom W Hammond 4/15/02 566-3240
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)