

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 16, 2003 8:00 am
Secretary of State

01-16-2003 90050 041 ***150.00

DOCUMENT # P97000008449

1. Entity Name
BUIS CUSTOM CABINETS, INC.



Principal Place of Business
1640 MILLER AVE. UNIT B/B
CLEARWATER FL 33756

Mailing Address
1640 MILLER AVE. UNIT B/B
CLEARWATER FL 34616



2. Principal Place of Business

3. Mailing Address

1640 MILLER AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

UNIT B/B

City & State

City & State

CLEARWATER FL.

Zip

Country

Zip

Country

33756

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

59-3419263

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

BUIS, LUTHER
1503 12TH CT. S.E.
LARGO FL 33771

Name

Same

Street Address (P.O. Box Number is Not Acceptable)

2308 Liston Cir.

City

PALM HARBOR FL

Zip Code

34683

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 \$150.00

After May 1, 2003 Fee will be \$550.00

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 **P** ☐ Delete
NAME **BUIS, LUTHER**
STREET ADDRESS **1503 12TH COURT SE**
CITY-ST-ZIP **LARGO FL 33771**

TITLE **Same** ☒ Change ☐ Addition
NAME **Same**
STREET ADDRESS **2308 Liston Cir**
CITY-ST-ZIP **PALM HARBOR FL 34683**

TITLE **V** ☐ Delete
NAME **BUIS, RICHARD O**
STREET ADDRESS **6804 WINDWILLOW DR**
CITY-ST-ZIP **NEW PORT RICHEY FL 34655**

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

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

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STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ 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:

LUTHER BUIS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-14-03 727 585 4406

CR2E034 (10/02)