

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000022581

1. Entity Name

CONCEPT CABINETS, INC.

FILED
Mar 13, 2000 8:00 am
Secretary of State

03-13-2000 90038 007 ***150.00

Principal Place of Business

Mailing Address

756 BEACHLAND BLVD
VERO BEACH FL 32963

756 BEACHLAND BLVD
VERO BEACH FL 32963-1745

2. Principal Place of Business

6366 20th Street

3. Mailing Address

6366 20th Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

VERO Beach, FL

City & State

VERO Beach, FL

4. FEI Number

65-0746426

Applied For

Not Applicable

Zip

32966

Country

USA

Zip

32966

Country

USA

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

COLLINS, GEORGE G JR
756 BEACHLAND BLVD
VERO BEACH FL 32963

Name

Kaser, William A.

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

6366 20th Street

City

VERO Beach

FL

Zip Code

32966

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

William A. Kaser

2-17-00

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	DPT	<input type="checkbox"/> Delete
NAME	KASER, WILLIAM A	
STREET ADDRESS	6366 20TH STREET	
CITY-ST-ZIP	VERO BEACH FL 32966	
TITLE	SD	<input type="checkbox"/> Delete
NAME	KASER, LINDA S	
STREET ADDRESS	6366 20TH STREET	
CITY-ST-ZIP	VERO BEACH FL 32966	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:

William A. Kaser
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-17-00

Date

561-562-5565

Daytime Phone #

CR2E034 (9/99)