

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 27, 2002 8:00 am**  
**Secretary of State**

08-27-2002 90120 007 \*\*\*150.00

**DOCUMENT # P97000027032**

1. Entity Name  
**THE WOODWORKER'S CABINET, INC.**

Principal Place of Business

6189 TAYLOR RD.  
 UNIT #5  
 NAPLES FL 34109  
 US

Mailing Address

6189 TAYLOR RD.  
 UNIT #5  
 NAPLES FL 34109  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3439549**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**FUSCO, GARY**  
**7632 OLEADEC GATE DR**  
**#201**  
**NAPLES FL 34109**

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. 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

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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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 **D** ☐ Delete  
 NAME **FUSCO, GARY**  
 STREET ADDRESS **7632 OLEADEC GATE DR #201**  
 CITY-ST-ZIP **NAPLES FL 34109**

TITLE **VP** ☐ Change ☒ Addition  
 NAME **ERIC PANTOSA**  
 STREET ADDRESS **4214 SW 23RD PLACE**  
 CITY-ST-ZIP **NAPLES, FL 34116**

TITLE **VP** ☒ Delete  
 NAME **WARDEIN, NICHOLAS**  
 STREET ADDRESS **6189 TAYLOR RD #5**  
 CITY-ST-ZIP **NAPLES FL 34109**

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

TITLE **VP** ☒ Delete  
 NAME **WARDEIN, DAMIEN**  
 STREET ADDRESS **6189 TAYLOR RD #5**  
 CITY-ST-ZIP **NAPLES FL 34109**

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

TITLE **VP** ☒ Delete  
 NAME **SZUGYE, DENNIS**  
 STREET ADDRESS **6189 TAYLOR RD #5**  
 CITY-ST-ZIP **NAPLES FL 34109**

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

**SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/19/02

Date

Daytime Phone #

CR2E034 (4/02)

The Division of Corporations  
Uniform Business Report  
P.O. Box 1500  
Tallahassee, FL

Attachment  
9-26-89  
# PG 7 0000 27032

To Whom it May Concern,

In a phone conversation I had on August 9<sup>th</sup> I was informed that since I had not received the original mailing, all I needed to do was send in this letter explaining what had happened, and a check for 150.00 Thank you in advance for your help in this matter.

Harry Fries  
President  
The Woodworkers Cabinet