


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0106948 AV

DOCUMENT # P97000027032

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



FILED

04 MAR -1 AM 8:35

SECRETARY OF STATE
TALLAHASSEE FLORIDA



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 6189 TAYLOR RD		3. Mailing Address 6189 TAYLOR RD	
Suite, Apt. #, etc. UNIT #2		Suite, Apt. #, etc. UNIT #2	
City & State NAPLES FL		City & State NAPLES FL	
Zip 34109	Country COLLIER	Zip 34109	Country COLLIER

REINSTATEMENT 03-04

6. Name and Address of Current Registered Agent FUSCO, GARY 7632 OLEADEC GATE DR #201 NAPLES FL 34109		7. Name and Address of New Registered Agent Name FUSCO, GARY Street Address (P.O. Box Number is Not Acceptable) 6570 ILEX CIRCLE City NAPLES FL Zip Code 34109	
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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 *Mary Fusco* **GARY FUSCO** 12/31/2003
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
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 NAME STREET ADDRESS CITY-ST-ZIP	D FUSCO, GARY 7632 OLEADEC GATE DR #201 NAPLES FL 34109 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FUSCO, GARY 6570 ILEX CIRCLE NAPLES, FL 34109 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PANTOJA, ERIC 4214 SW 23RD PLACE NAPLES FL 34116 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	000026025596 01/05/04--01059--016 **158.75 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	600026025596 03/03/04--01027--007 **741.25 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Mary Fusco* **GARY FUSCO** 12/31/2003 239-593-1718
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/03)