

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Feb 08, 2000 8:00 am**

**Secretary of State**

02-08-2000 90179 004 \*\*\*150.00

**DOCUMENT # P97000045481**

1. Entity Name

**CABINETS FOREVER, INC.**

Principal Place of Business

Mailing Address

1818 SOUTHEAST 9TH TERRACE  
CAPE CORAL FL 33990

1818 SOUTHEAST 9TH TERRACE  
CAPE CORAL FL 33990-1829

2. Principal Place of Business

3. Mailing Address

**5213 York Ct.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**Cape Coral FL 33904**

Zip

Country

Zip

Country

**33904**

**LEE**

4. FEI Number **65-0755551**

Applied Fee  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**AMERILAWYER CHARTERED  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134**

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.

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 \$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 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD  
DUNN, CHERYL  
1818 SOUTHEAST 9TH TERRACE  
CAPE CORAL FL 33990**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**STD  
DUNN, MARK  
1818 SOUTHEAST 9TH TERRACE  
CAPE CORAL FL 33990**

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

TITLE ☐ Delete  
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TITLE ☐ Change ☐  
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, changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

*Mark R. Dunn*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2-3-2000**

Date

Daytime Phone #

**1941 8231**