

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P97000068531

FILED
Jan 14, 2002 8:00 AM
Secretary of State

Entity Name: DAVID'S QUALITY CABINETS & MORE, INC.

Current Principal Place of Business:

2170 WHITFIELD PARK DR
G-1
SARASOTA, FL 34243 US

New Principal Place of Business:

Current Mailing Address:

2170 WHITFIELD PARK DR
G-1
SARASOTA, FL 34243 US

New Mailing Address:

2170 WHITFIELD PARK DR
G-1
SARASOTA, FL 34243 US

FEI Number: 65-0772639

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DROWN, DAVID R PRES.
2260 WHITEFIELD PARK DR., #J17
SARASOTA, FL 34243 US

Name and Address of New Registered Agent:

DROWN, DAVID R PRES.
2170 WHITFIELD PARK DR
G-1
SARASOTA, FL 34243 US

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:

01/14/2002

Electronic Signature of Registered Agent

Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: DROWN, DAVID R
Address: 2170 WHITFIELD PARK DR B-1
City-St-Zip: SARASOTA, FL 34243

Title: VP () Delete
Name: DROWN, DEBRA
Address: 2170 WHITFIELD PARK DR G-1
City-St-Zip: SARASOTA, FL 34243

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: DROWN, DAVID R
Address: 2170 WHITFIELD PARK DR G-1
City-St-Zip: SARASOTA, FL 34243

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DEBRA DROWN

VP

01/14/2002

Electronic Signature of Signing Officer or Director

Date