

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000001601

1. Entity Name

SUPERIOR CABINET INSTALLATION & SALES, INC.

**FILED**  
**May 08, 2000 8:00 am**  
**Secretary of State**

05-08-2000 90170 022 \*\*\*150.00

Principal Place of Business      Mailing Address  
 2979 N.E. 147TH TERRACE      2979 N.E. 147TH TERRACE  
 SILVER SPRINGS FL 34488      SILVER SPRINGS FL 34488-3348

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3486989

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

Name

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

City

FL

Zip Code

HOUSTON, WILLIAM H  
 2979 NE 147TH TERR  
 SILVER SPRINGS FL 34488

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 H Houston

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-25-00

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      ☐ Delete  
 NAME      D  
 STREET ADDRESS      HOUSTON, WILLIAM H  
 CITY-ST-ZIP      2979 NE 147TH TERR  
                          SILVER SPRINGS FL 34488

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

TITLE      ☐ Delete  
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 CITY-ST-ZIP

TITLE      ☐ Change      ☐ Addition  
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TITLE      ☐ Change      ☐ Addition  
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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-25-00

352-625-5809

CR2E034 (9/99)