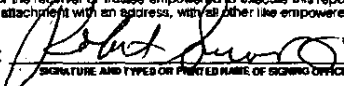


FILED
May 21, 2003 8:00 am
Secretary of State

05-21-2003 90192 004 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P98000026656			
1. Entity Name R & R CUSTOM CABINETS OF VOLUSIA COUNTY INC.			
Principal Place of Business 2747 GUAYA DRIVE EDGEWATER, FL 32141		Mailing Address 2747 GUAYA DRIVE EDGEWATER, FL 32141	
2. Principal Place of Business		3. Mailing Address	
State, Apt. #, etc.		State, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-3505522		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SIMMONS, ROBERT M 2747 GUAYA DRIVE EDGEWATER, FL 32141		7. Name and Address of New Registered Agent 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 _____ DATE _____ Signature, typed or printed name of registered agent, and date if applicable. (NOTE: Registered Agent signature required when registering)			
9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE	NAME	TITLE	NAME
NAME	STREET ADDRESS	NAME	STREET ADDRESS
CITY- ST- ZIP	CITY- ST- ZIP	CITY- ST- ZIP	CITY- ST- ZIP
☐ Delete	☐ Delete	☐ Change	☐ Addition
D	FENNER, RONALD A	D	SIMMONS, ROBERT M
2713 ROYAL PALM DRIVE	2850 LIN GINA TERRACE	2008 S. Riverside DR	Edgewater FL 32141
EDGEWATER, FL 32141	EDGEWATER, FL 32141	EDGEWATER, FL 32141	EDGEWATER, FL 32141
☐ Delete	☐ Delete	☐ Change	☐ Addition
☐ Delete	☐ Delete	☐ Change	☐ Addition
☐ Delete	☐ Delete	☐ Change	☐ Addition
☐ Delete	☐ Delete	☐ Change	☐ Addition
☐ Delete	☐ Delete	☐ Change	☐ Addition
☐ Delete	☐ Delete	☐ Change	☐ Addition
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
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, without other like empowered.			
SIGNATURE: 		5/19/03 386 423-1008	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

CR2E034 (10/02)