

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90361 007 ***150.00

0654757

DOCUMENT # P98000034939

1. Entity Name

CUSTOM HOME CABINETRY, INC.

Principal Place of Business

**13483 CHAMBORD STREET
 UNIT 23 BLDG B
 BROOKSVILLE FL 34613**

Mailing Address

**13483 CHAMBORD STREET
 UNIT 23 BLDG B
 BROOKSVILLE FL 34613**

2. Principal Place of Business

13464 Chambord St

Suite, Apt. #, etc.

3. Mailing Address

13464 Chambord St

Suite, Apt. #, etc.

City & State

Brooksville FL

City & State

Brooksville FL

Zip

34613

Country

USA

Zip

34613

Country

USA

4. FEI Number

65-0829250

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**ROTH, MARTIN S
 4257 PARKHURST LANE
 SPRING HILL FL 34608**

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.

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, 2001 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

TITLE **P** ☐ Delete
 NAME **ROTH, MARTIN S**
 STREET ADDRESS **4257 PARKHURST LANE**
 CITY-ST-ZIP **SPRING HILL FL 34608** } changed address → only

TITLE **VP** ☐ Delete
 NAME **ROTH, DEBRA A**
 STREET ADDRESS **4257 PARKHURST LN.**
 CITY-ST-ZIP **SPRING HILL FL 34608** } change of address → only

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **5178 Culbreath Rd**
 CITY-ST-ZIP **Brooksville, FL 34601**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **5178 Culbreath Rd**
 CITY-ST-ZIP **Brooksville, FL 34601**

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

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

TITLE ☐ Change ☐ Addition
 NAME
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 CITY-ST-ZIP

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

SIGNATURE: **Debra A. Roth**

DEBRA A. ROTH Vice President

2-22-01

352 596 2035

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)