2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P98000046808 Jun 20, 2000 8:00 am Secretary of State CABINETS BY COVINGTON, INC. 06-20-2000 90008 010 ***550.00 Principal Place of Business 3569 EUNICE ROAD 3569 EUNICE ROAD JACKSONVILLE BEACH FL 32250 JACKSONVILLE BEACH FL 32250-2017 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 59-3515498 Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name COVINGTON, DAN Street Address (P.O. Box Number is Not Acceptable) -3569 EUNICE ROAD JACKSONVILLE BEACH FL 32250 Zip Code ۴L 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change Addition ☐ Delete TITLE COVINGTON, DAN NAME NAME 3569 EUNICE ROAD STREET ADDRESS STREET ADDRESS JACKSONVILLE BEACH FL 32250 CITY-ST-ZIP CITY-ST-ZIP Addition Change ☐ Delete TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET DDRESS CITY-CITY-ST-ZIP Inption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information ture shall have the same legal effect as if made under oath; that I am an officer or director and by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if 13. I hereby certify that the information supp for the exe indicated on this report or supplement of the corporation or the receiver or the at my signa ort as requ