

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000081675

1. Entity Name

CABINETS & INTERIORS DIRECT, INC.

**FILED**  
**May 18, 2000 8:00 am**  
**Secretary of State**

05-18-2000 90340 049 \*\*\*150.00

Principal Place of Business

Mailing Address

3114 HAWTHORNE ROAD  
TAMPA FL 33611

3114 HAWTHORNE ROAD  
TAMPA FL 33611-2901

2. Principal Place of Business

6804 Harbor View Way

3. Mailing Address

same as

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tampa

City & State

4. FEI Number

59-3532338

Applied For

Not Applicable

Zip

Country

FL 33615

USA

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

FROST, GRACE J  
3114 HAWTHORNE ROAD  
TAMPA FL 33611

Name Grace J. Frost

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

3211 W. Swann Ave # 608

City

Tampa

FL

Zip Code

33609

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, 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 D  
NAME FROST, GRACE J  
STREET ADDRESS 3114 HAWTHORNE ROAD  
CITY-ST-ZIP TAMPA FL 33611 ☐ Delete

new address

TITLE  
NAME 3211 W. Swann Ave # 608 ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP Tampa FL 33609

TITLE D  
NAME LAMPLEY, J. KEITH  
STREET ADDRESS 6804 HARBOR VIEW WAY  
CITY-ST-ZIP TAMPA FL 33611 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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

4/29/00

Date

813-478-1644

Daytime Phone #