

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2002 8:00 am
Secretary of State

02-14-2002 90025 015 ***150.00

DOCUMENT # P98000090529

1. Entity Name

KITCHEN CABINET INSTALLS, INC.

Principal Place of Business

**1959 NORTH PINE DR.
 FORT MYERS FL 33907**

Mailing Address

**KCI-KITCHEN CABINET INSTALLS, INC.
 P O BOX 61434
 FT MYERS FL 33906-1434**

2. Principal Place of Business

KCI

3. Mailing Address

KCI

Suite, Apt. #, etc.

Suite, Apt. #, etc.

KITCHEN CABINET INSTALLS INC. KITCHEN CABINET INSTALLS INC.

City & State **3678 Unique Circle
 Ft. Myers, FL 33908**

City & State **3678 Unique Circle
 Ft. Myers, FL 33908**

59-3543160

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

**MARTIN, HAROLD
 1959 NORTH PINE DRIVE
 FORT MYERS FL 33907**

*New Address
 same person*

**HAROLD MARTIN
 3678 Unique Circle
 Ft. Myers, FL 33908**

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, 2002 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 **OP**
 NAME **MARTIN, HAROLD**
 STREET ADDRESS **1959 N PINE DR.**
 CITY-ST-ZIP **FT MYERS FL 33907**

☐ Delete

TITLE **HAROLD MARTIN**
 NAME **HAROLD MARTIN**
 STREET ADDRESS **3678 Unique Circle**
 CITY-ST-ZIP **Ft. Myers, FL 33908**

☐ Delete

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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:

HAROLD MARTIN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-27-02 941-850-2923

Date

Daytime Phone #

CR2E034 (9/01)