

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90209 008 ***150.00

0341770 AV

DOCUMENT # P99000000507

1. Entity Name

CANNON'S FINE CABINETRY & MILLWORKS, INC.



Principal Place of Business

**2601 S.W. 31ST ST., STE. 302
FT. LAUDERDALE FL 33312**

Mailing Address

**2601 S.W. 31ST ST., STE. 302
FT. LAUDERDALE FL 33312**

2. Principal Place of Business

2601 SW 31st #302

3. Mailing Address

2601 SW 31st #302

Suite, Apt. #, etc.

FT. LAUD, FL 33312

Suite, Apt. #, etc.

FT. LAUD, FL 33312

City & State

FT. LAUD, FL

City & State

FT. LAUD, FL

Zip

33312

Country

USA

Zip

33312

Country

USA

4. FEI Number

65-0888956

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

CANNON, CRAIG

2601 S.W. 31ST ST., STE. 302

FT. LAUDERDALE FL 33312

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **CANNON, CRAIG**
STREET ADDRESS **5800 ROSE TERR.**
CITY-ST-ZIP **PLANTATION FL 33317**

TITLE **VP** ☐ Delete
NAME **CANNON, KELLY**
STREET ADDRESS **5800 ROSE TERR**
CITY-ST-ZIP **PLANTATION FL 33317**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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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, with all other like empowered.

SIGNATURE: *** [Signature]**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-29-03 954-381-3731

CR2E034 (10/02)