

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000009904

1. Entity Name

R & D CABINETS AND TRIM, INC.

FILED
Jan 27, 2000 8:00 am
Secretary of State

01-27-2000 90061 040 ***150.00

Principal Place of Business

2532 PARTRIDGE DRIVE
WINTER HAVEN FL 33884

Mailing Address

2532 PARTRIDGE DRIVE
WINTER HAVEN FL 33884-3035

2. Principal Place of Business

515 Lake Mariam Terrace
Suite, Apt. #, etc.

3. Mailing Address

515 Lake Mariam Terrace
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Winter Haven, FL

City & State

Winter Haven, FL

4. FEI Number

Applied For

☒ Not Applicable

Zip
33884

Country
USA

Zip
33884

Country
USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SAMMONS, ROBERT O
1552 SIXTH STREET, SE.
WINTER HAVEN FL

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, 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

TITLE ☐ Delete
NAME D
STREET ADDRESS HEDGES, ROBERT L
CITY-ST-ZIP 2532 PARTRIDGE DRIVE
WINTER HAVEN FL 33884

TITLE ☐ Delete
NAME D
STREET ADDRESS HEDGES, SUSAN B
CITY-ST-ZIP 2532 PARTRIDGE DRIVE
WINTER HAVEN FL 33884

TITLE ☐ Delete
NAME D
STREET ADDRESS HEDGES, DAVID
CITY-ST-ZIP 2532 PARTRIDGE DRIVE
WINTER HAVEN FL 33884

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
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
CITY-ST-ZIP

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

TITLE ☒ Change ☐ Addition
NAME Healy, David J
STREET ADDRESS 130 Morning Glory Circle SE
CITY-ST-ZIP Winter Haven FL 33884

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)