

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000019752

1. Entity Name

D.W. CABINETS & INSTALLATION, INC.

FILED
Jan 30, 2001 8:00 am
Secretary of State

01-30-2001 90071 012 ***158.75

Principal Place of Business

2845 HELM COURT #206
LANTANA FL 33462

Mailing Address

2845 HELM COURT #206
LANTANA FL 33462

2. Principal Place of Business

1105 2nd Ave N.

3. Mailing Address

2845 Helm Ct

Suite, Apt. #, etc.

#22

Suite, Apt. #, etc.

#206

City & State

Lake Worth FL

City & State

LANTANA FL

Zip

33460

Country

PBC

Zip

33462

Country

PBC

4. FEI Number

65-0906407

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WELCH, DONALD J
2845 HELM CT., #206
LANTANA FL 33462

7. Name and Address of New Registered Agent

Name

Donald Welch

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

2845 Helm Ct #206

LANTANA FL 33462

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

Donald J Welch

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

(NOTE: Registered Agent signature required when reinstating)

1-19-00

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, 2001 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	D	<input type="checkbox"/> Delete
NAME	WELCH, DONALD J	
STREET ADDRESS	2845 HELM COURT #206	
CITY-ST-ZIP	LANTANA FL 33462	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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CITY-ST-ZIP		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Donald J Welch

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1-19-00 561-312-8130

Daytime Phone #

CR2E034 (10/00)