

**AMENDED FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **P 990000 27635**  
 1. Entity Name  
**D. FANCHER CUSTOM CABINETS, INC.**

FILED  
 03 DEC -9 AM 12:46  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business <b>6767 HAINES RD.</b> Suite, Apt. #, etc. <b>UNITS C + D</b> City & State <b>ST. PETERSBURG, FL</b> Zip <b>33702</b> Country <b>USA</b>		3. Mailing Address <b>6767 HAINES RD.</b> Suite, Apt. #, etc. <b>UNITS C + D</b> City & State <b>ST. PETERSBURG, FL</b> Zip <b>33702</b> Country <b>USA</b>	
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DO NOT WRITE IN THIS SPACE

4. FEI Number <b>59-3569786</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <b>\$8.75 Additional Fee Required</b>	

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name <b>DOUGLAS FANCHER</b>
Street Address (P.O. Box Number is Not Acceptable) <b>6767 HAINES ROAD</b>
City <b>UNITS C + D</b>
City <b>ST. PETERSBURG, FL</b> Zip Code <b>33702</b>

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 \_\_\_\_\_ (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)

January 1 - May 1 Fee is \$150.00  
 After May 1, Fee is \$550.00  
 Amended UBR is \$61.25  
**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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT DOUGLAS FANCHER 6767 HAINES ROAD, UNITS C+D ST. PETERSBURG, FL 33702</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VICE-PRESIDENT TODD FANCHER 6767 HAINES ROAD, UNITS C + D ST. PETERSBURG, FL 33702</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>900024781309 12/03/03--01035--026 **70.00</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VICE-PRESIDENT RYAN FANCHER 6767 HAINES ROAD, UNITS C+D ST. PETERSBURG, FL 33702</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VICE-PRESIDENT SCOTT FANCHER 6767 HAINES ROAD, UNITS C+D ST. PETERSBURG, FL 33702</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SECRETARY CAROLE DECELLE 18178 N.W. S.R. 16 STARKE, FL 32091</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE 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 on an attachment with an address, with all other like empowered.

SIGNATURE  **DOUGLAS FANCHER** 12/8/03 727-526-5761  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)