

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 28, 2001 8:00 am
Secretary of State

04-28-2001 90092 047 ***150.00

DOCUMENT # P99000030265

1. Entity Name

STERLING QUALITY CABINETS, INC.

Principal Place of Business

9189 PARK BLVD.
LARGO FL 33777

Mailing Address

9189 PARK BLVD.
LARGO FL 33777

2. Principal Place of Business

5648 LIME WAY

3. Mailing Address

5648 LIME WAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SEMINOLE FL

City & State

SEMINOLE FL

4. FEI Number 59-3567518

Applied For

Not Applicable

Zip 33772

Country PINELLAS

Zip 33772

Country PINELLAS

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WEISICKLE, DAVID
9189 PARK BLVD.
LARGO FL 33777

7. Name and Address of New Registered Agent

Name JOHN STEWART SMITH
Street Address (P.O. Box Number is Not Acceptable)
5648 LIME WAY

City SEMINOLE FL Zip 33772

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

JOHN STEWART SMITH

3/6/2001

(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, 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	P	<input type="checkbox"/> Delete
NAME	SMITH, JOHN S	
STREET ADDRESS	9189 PARK BLVD.	
CITY-ST-ZIP	LARGO FL 33777	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	WEISICKLE, DAVID	
STREET ADDRESS	9189 PARK BLVD.	
CITY-ST-ZIP	LARGO FL 33777	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	WEISICKLE, LISA	
STREET ADDRESS	9189 PARK BLVD.	
CITY-ST-ZIP	LARGO FL 33777	
TITLE		<input type="checkbox"/> Delete
NAME	SMITH, CAROLYN	
STREET ADDRESS	9189 PARK BLVD.	
CITY-ST-ZIP	LARGO FL 33777	
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	PRESIDENT / SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	5648 LIME WAY	
CITY-ST-ZIP	SEMINOLE, FL 33772	
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		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VICE PRES / TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	5648 LIME WAY	
CITY-ST-ZIP	SEMINOLE, FL 33772	
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		
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]
JOHN STEWART SMITH

PRESIDENT

3/6/2001

727-398-2580

Date

Daytime Phone #

CR2E034 (10/00)