

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000042864

1. Entity Name

CABINETS AND MORE BY JOE, INC.

**FILED**  
**Apr 11, 2000 8:00 am**  
**Secretary of State**

04-11-2000 90220 047 \*\*\*150.00

Principal Place of Business

Mailing Address

~~2854 SW 3RD TERR~~  
~~OKEECHOBEE FL 34972~~

~~2854 SW 3RD TERR~~  
~~OKEECHOBEE FL 34974-5965~~



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

125 NW 110th St.

Suite, Apt. #, etc.

3. Mailing Address

125 NW 110th St

Suite, Apt. #, etc.

City & State

Okeechobee FL

City & State

Okeechobee FL

4. FEI Number

65-0670067

Applied For

Not Applicable

Zip

34972

Country

Okeechobee

Zip

34972

Country

Okeechobee

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DOYLE, TONI

~~2854 SW 3RD TERR~~  
~~OKEECHOBEE FL 34974~~

Name

Doyle, Toni

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

125 NW 110th St.

City

Okeechobee

FL

Zip Code

34972

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

Toni B Doyle

4-6-00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD  
NAME DOYLE, JOSEPH M  
STREET ADDRESS 2854 SW 3RD TERR  
CITY-ST-ZIP OKEECHOBEE FL 34974 ☐ Delete

TITLE PD  
NAME Doyle Joseph M.  
STREET ADDRESS 125 NW 110th St  
CITY-ST-ZIP Okeechobee, FL 34972 ☒ Change ☐ Addition

TITLE SD  
NAME DOYLE, TONI  
STREET ADDRESS 2854 SW 3RD TERR  
CITY-ST-ZIP OKEECHOBEE FL 34974 ☐ Delete

TITLE SD  
NAME Doyle Toni  
STREET ADDRESS 125 NW 110th St  
CITY-ST-ZIP Okeechobee, FL 34972 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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:

Toni B Doyle

Date

Daytime Phone #

4-6-00 863 467 4434

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)