

2000 UNIFORM BUSINESS REPORT (UBR)

4/23

FILED

May 23, 2000 8:00 am
Secretary of State

04-23-2000 90044 001 ***150.00

DOCUMENT # P99000048113

1. Entity Name

B & D CUSTOM CABINETS INC.

Principal Place of Business

Mailing Address

**4225 N HUBERT AVE
TAMPA FL 33614**

**4225 N HUBERT AVE
TAMPA FL 33614-7728**

2. Principal Place of Business

3. Mailing Address

5201 E. Broadway Ave
Suite, Apt. #, etc.

5201 E. Broadway Ave
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Tampa FL

City & State

Tampa FL

4. FEI Number

59-3578991

Applied For

Not Applicable

Zip

33609

County

Hillsborough

Zip

33609

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**GELINAS, LORI
3043 GULFWIND DR
LANDO O' LAKES FL 34639**

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 **President** ☐ Delete
NAME **William Thross**
STREET ADDRESS **804 E. Emily Street**
CITY-ST-ZIP **Tampa FL 33603**

TITLE **Vice President** ☐ Delete
NAME **Dennis Coborn**
STREET ADDRESS **4601 Bastick Circle**
CITY-ST-ZIP **Tampa FL 33634**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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
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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:

William Thross
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-7-00
Date

813 241-0777
Daytime Phone #

CR2E034 (9/99)