

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 17, 2000 8:00 am
Secretary of State
 07-17-2000 90001 049 ***150.00

DOCUMENT # P99000054918

1. Entity Name
 STATEWIDE CUSTOM CABINETS, INC. R

Principal Place of Business 38538 Palm Grove Dr.
 Zephyrhills, FL 33540

Mailing Address 38538 Palm Grove Dr.
 Zephyrhills, FL 33540

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

Zip **Country**

4. FEI Number 65-0970878

Applied For ☐ **Not Applicable**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
 JERRY H. MOATES, SR.
 38538 Palm Grove Dr.
 Zephyrhills, FL 33540

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. ☐ **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	<input type="checkbox"/> Delete
NAME JERRY H. MOATES, SR.	
STREET ADDRESS 38538 Palm Grove Dr.	
CITY-ST-ZIP Zephyrhills, FL 33540	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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	
STREET ADDRESS	
CITY-ST-ZIP	
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	

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 another like empowered.

SIGNATURE: *Jerry H. Moates, Sr.* **Jerry H. Moates, Sr.** **6-28-00** **1788-3856**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)

Attachment
D#P9900054918
00068667

Judson B. Baggett, CPA, PA

Certified Public Accountants

Judson B. Baggett, MBA, CPA, Partner
Marci Reutimann, CPA, Partner

6815 Dairy Road
Zephyrhills, FL 33540
Phone: (813) 788-2155
Fax: (813) 782-8606

June 29, 2000

Division of Corporations
Annual Report Section
P.O. Box 1500
Tallahassee, FL 32302-1500

Re: Taxpayer: Statewide Custom Cabinets, Inc.
Form: 2000 Uniform Business Report
FEIN#: 65-0970878

Dear Sir or Madam:

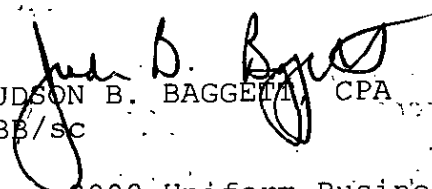
We are writing on behalf of the taxpayer and enclosing their 2000 Uniform Business Report and check for payment in full of \$150.00.

The taxpayer did not activate their corporation until April 1, 2000. Because this is their first year in operation as a corporation, the taxpayer was unaware of the need to file this form along with the required fee. While inquiring on a sales tax matter, they found out they needed to file this report and came to us for assistance. We immediately requested a blank form on their behalf and are filing it with this letter.

We respectfully request that all penalties be waived because this is the taxpayer's first year and they were confused about the filing requirements.

If we may be of further assistance, please call us at (813) 788-2155.

Sincerely,


JUDSON B. BAGGETT, CPA
JBB/sc

enc. 2000 Uniform Business Report
Check #1039 for \$150.00