## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED DOCUMENT # **P99000056693** Aug 10, 2000 8:00 am Secretary of State 1. Entity Name FLORIDA CLOSET & CABINETRY, INC. 08-10-2000 90005 030 \*\*\*150.00 Principal Place of Business Mailing Address 2 COUNT: FLEET, DRIVE 2 COUNT FLEET DRIVE OCALA: FL: 34482 OCALA FL 34482 2. Principal Place of Business 3. Mailing Address COUNT FIRET DR 2685 NW 10 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SPIEGEL= & UTRERA - P.A. Street Address (P.O. Box Number is Not Acceptable) 343 ALMERIA AVENUE CORAL GABLES FL 33134 Zip Code City 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) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After SEPTEMBER 13, 2000 Min. will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. Addition **PSTD** Delete TITLE Change TITLE NAME NAME SCHUYLER, SAM N STREET ADDRESS STREET ADDRESS 2 COUNT FLEET DRIVE CITY-ST-ZIP CITY-ST-ZIP OCALA FL 34482 Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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 faccurate 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

SIGNATURE:

4/14/00 352/873-4309



August 1, 2000

Florida Department of State Division of Corporations P.O.Box 6327 Tallahassee, FL 32314

Re:

Florida Closet & Cabinetry, Inc. Document No.: P99000056693

Dear Sir:

Pursuant to my telephone conversation with your offices today, I enclose my 2000 Uniform Business Report (UBR) along with a check in the amount of \$150. Since I never received the first notice, I was instructed to forward this paperwork to the above address.

If you have any questions, feel free to contact me at 352-873-4309.

Very truly yours,

Sam/N. Schuyler

SNS/jss Enclosure

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