

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P99 000056693

1. Entity Name

Florida Closet & Cabinetry, Inc.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
03 AUG 25 AM 10:44

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

1800 N.W. 10<sup>th</sup> Street

3. Mailing Address

P.O. Box 4797

Suite, Apt. #, etc.

Bldg. 200

Suite, Apt. #, etc.

City & State

Ocala Florida

City & State

Ocala Florida

Zip

34475

Country

USA

Zip

34478

Country

US

9/

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3582806

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

J.A. PARKER Hilsch, P.A.

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

2615 N.W. 5<sup>th</sup> Place

City

Gainesville

**FL**

Zip Code

32607

**DO NOT WRITE  
IN THIS SPACE**

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

Jan + P. Q. Hilsch, Registered Agent

8/21/03

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)

☐

**January 1 - May 1 Fee is \$150.00**

**After May 1, Fee is \$550.00**

**Amended UBR is \$61.25**

**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 NAME STREET ADDRESS CITY-ST-ZIP	<u>Sam N. Schuyler</u> <u>President</u> <u>1800 N.W. 10<sup>th</sup> Street</u> <u>OCALA FLORIDA 34475</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Director</u> <u>Sam N. Schuyler</u> <u>1800 N.W. 10<sup>th</sup> Street</u> <u>OCALA FLORIDA</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>100022766491</u> <u>09/04/03--01093--007 **458.75</u>
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Sam N. Schuyler

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/21/03

Date

Daytime Phone #

CR2E034B (12/01)



STATE OF FLORIDA  
DEPARTMENT OF STATE

JEB BUSH  
*Governor*

Glenda E. Hood  
*Secretary of State*

June 3, 2003

Dear Mr. Schuyler;

Please include the following statement along with your check and Uniform Business Report.

"I did not receive the notice that advised me of a returned check and of your intent to dissolve in 60 days. Therefore, I am requesting a waiver of the Reinstatement fee and penalty".

Thank you,

  
Pat Bailey  
850 245-6057

  
www.Sunbiz.org

Division of Corporations • 409 East Gaines Street • Tallahassee, FL 32399