

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000056936

1. Entity Name

**DISTINCTIVE CABINETRY & MILLWORK, INC.**

Principal Place of Business

169 FERN DRIVE  
DEBARY FL 32713

Mailing Address

169 FERN DRIVE  
DEBARY FL 32713-9744

2. Principal Place of Business

4709 Crump Rd  
Suite, Apt. #, etc.

3. Mailing Address

PO Box 2947  
Suite, Apt. #, etc.

City & State

Lake Hamilton, FL

City & State

Winter Haven, FL

Zip

33851

Country

Polk

Zip

33883

Country

Polk

4. FEI Number

59-3585992

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY**  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

7. Name and Address of New Registered Agent

Name **Robert W Gehlsen**

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

839 17th Terrace NE

City Winter Haven, FL

FL

Zip Code

33881

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 **Robert W Gehlsen**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/28/2000  
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 **D** ☐ Delete  
NAME **PFISTER, NORMAN D**  
STREET ADDRESS **169 FERN DRIVE**  
CITY-ST-ZIP **DEBARY FL 32713**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **President** ☐ Change ☒ Addition  
NAME **Robert W Gehlsen**  
STREET ADDRESS **839 17th Terrace NE**  
CITY-ST-ZIP **Winter Haven, FL 33881**

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

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

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NAME  
STREET ADDRESS  
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:

**Robert W Gehlsen** President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/2000 863-438-9319

Date

Daytime Phone #

**FILED**  
**May 05, 2000 8:00 am**  
**Secretary of State**

05-05-2000 90064 047 \*\*\*150.00

00011001



DO NOT WRITE IN THIS SPACE