2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2001 8:00 am
Secretary of State
05-23-2001 91190 015 ***150.00

DOCUMENT # P99000056936

1. Entity Name

DISTINCTIVE CABINETRY & MILLWORK, INC.

Principal Place of Business	Mailing Address
169 FERN DRIVE DEBARY FL 32713	169 FERN DRIVE DEBARY FL 32713-9744

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
4709 Crump Rd		PO Box 2947	
Suite, Apt #, etc.		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 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 (signed) — Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) — DATE: 4/28/2000

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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PFISTER, NORMAN D 169 FERN DRIVE DEBARY FL 32713	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Robert W Gehlsen 839 17th Terrace NE Winter Haven, FL 33881	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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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(1)(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 (signed) Presidnet — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date: 4/28/2000 — Daytime Phone #: 863-438-9319