

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000065917

1. Entity Name

LIFESTYLES CABINET AND WOODWORKING, INC.

FILED

Apr 23, 2000 8:00 am
Secretary of State

04-23-2000 90059 021 ***150.00

Principal Place of Business

1340 RAILHEAD BLVD STE 6
NAPLES FL 34110

Mailing Address

1340 RAILHEAD BLVD STE 6
NAPLES FL 34110-0439

4867 R

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

4867 Royal Palm Dr.

Suite, Apt. #, etc.

City & State

Estero FL

Zip 33928

Country

USA

4. FEI Number

59-3584172

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SAMAR, NICHOLAS
4867 ROYAL PALM DR
ESTERO FL 33928

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-14-00

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: President
NAME: Nicholas Samar
STREET ADDRESS: 4867 Royal Palm Dr.
CITY-ST-ZIP: Estero, FL 33928 ☐ Delete

TITLE: Vice President
NAME: Melissa Samar
STREET ADDRESS: 4867 Royal Palm Dr.
CITY-ST-ZIP: Estero, FL 33928 ☐ Delete

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

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TITLE: ☐ Delete
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STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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STREET ADDRESS: ☐ Change ☐ Addition
CITY-ST-ZIP: ☐ Change ☐ Addition

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:

Melissa Samar
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-14-00 941-591-2973

CR2E034 (9/99)