

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000070233

1. Entity Name
MARCO CABINETS, INC.

R

FILED
Sep 15, 2000 8:00 am
Secretary of State

09-15-2000 90016 001 ***150.00

Principal Place of Business
1550 HONEYSUCKLE AVE.
MARCO ISLAND FL 32145

Mailing Address
1550 HONEYSUCKLE AVE.
MARCO ISLAND FL 32145



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number
59-3592029

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
WANDERON, THOMAS
9915 TAMiami TRAIL NORTH, SUITE 2
NAPLES FL 34108

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete D PIPITONE, CHARLES A 1550 HONEYSUCKLE AVE. MARCO ISLAND FL 32145
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 9-8-00 Daytime Phone #: 941-389-0062

CR2E034 (5/00)

Attachment
PQ 900007023E
A0078490

THOMAS WANDERON & ASSOCIATES
♦ TAX ACCOUNTING, INC. ♦

September 11, 2000

Annual Report Filings
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Re: Marco Cabinets, Inc.
1550 Honeysuckle Avenue
Marco Island, FL 34145
EIN # 59-3592029

Subject: Uniform Business Report - 2000

Enclosed please find the 2000 Uniform Business Report and filing fee of \$150.00 for the above captioned client.

It is our understanding and experience that the Uniform Business Report (UBR) is sent by the State to the registered agent. In this case, I am the registered agent and my office (address below) should have received the form.

Neither the taxpayer nor our office received the first UBR notice. However, the taxpayer received this second notice (attached) at the address shown above. As a result, we are requesting an abatement of the penalty for late filing.

The taxpayer intends to meet all future filing responsibilities in a timely manner. Please verify that future mailings are directly to me. Your cooperation in this matter will be greatly appreciated.

Very truly yours,



Thomas Wanderon, E.A.
Thomas Wanderon & Associates Tax Accounting, Inc.