

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 20, 2002 8:00 am**  
**Secretary of State**

05-20-2002 90020 001 \*\*\*150.00

USU/UBR AV

**DOCUMENT # P99000070233**

1. Entity Name  
**MARCO CABINETS, INC.**

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

Mailing Address  
**1550 HONEYSUCKLE AVE.  
 MARCO ISLAND FL 32145**



2. Principal Place of Business  
**994 No. BARFIELD DR.**

3. Mailing Address  
**152 LELAND WAY**

Suite, Apt. #, etc.  
**# 38**

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
**MARCO ISLAND, FL**

City & State  
**MARCO ISLAND, FL**

4. FEI Number  
**59-3592029**

Applied For  
 Not Applicable

Zip  
**34145**

Country  
**USA**

Zip  
**34145**

Country  
**USA**

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

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**WANDERON, THOMAS  
 9915 TAMiami TRAIL NORTH, SUITE 2  
 NAPLES FL 34108**

Name

Street Address (P.O. Box Number is Not Acceptable)  
**868 106th AVE No.**

City  
**NAPLES**

FL Zip Code  
**34108**

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 \_\_\_\_\_  
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)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 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	<b>D PIPITONE, CHARLES A 1550 HONEYSUCKLE AVE. MARCO ISLAND FL 32145</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>152 LELAND WAY</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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 **5/24/02** Daytime Phone #

CR2E034 (9/01)