## 5/ 2000 UNIFORM BUSINESS REPORT (UBR) Jul 05, 2000 8:00 am DOCUMENT # P99000091958 1. Entity Name **Secretary of State** UNHINGED CABINETRY, INC. 05-23-2000 90224 011 \*\*\*150.00 Principal Place of Business Mailing Address 3401 S.E. 34TH AVE. #5 3401 S.E. 34TH AVE..#5 OKEECHOBEE FL 34974 OKEECHOBEE FL 34974-7106 2 Principal Place of Business Suite DO NOT WRITE IN THIS SPACE 4. <u>FEI</u> Number | 65-095 Applied For Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SPIER, ROGER K JR. Street Address (F.O.:Box Number is Not Acceptable) 3401 S.E. 34TH AVE.,#5 OKEECHOBEE FL 34974 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 (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 35-125 E3 4 Ave Delete TITLE TITLE ☐ Change X Addition Roger K. Spier, Jr. NAME NAME **CR2E034** STREET ADDRESS STREET ADDRES OKECHOBEL-F1- 34974 CITY-ST-7IP CITY-ST-ZIP Addition 35125 E-34 Ave On t.B TITLE TITLE ☐ Change Linda J. Spier NAME NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE TITLE Delete Douglas Ballenger NAME NAME 6310 SE, Hwy. 441 STREET ADDRESS STREET ADDRESS Acceptance FL 34974 CITY-ST-ZIP + CITY-ST-7/P= ☐ Addition TITLE Change TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition TITLE Change TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-71P 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 a

SIGNATURE: