

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000102286

1. Entity Name
MASELTER CABINETS, INC. OF SOUTHWEST FLORIDA

FILED
Apr 23, 2001 8:00 am
Secretary of State

04-23-2001 90045 029 ***150.00

Principal Place of Business

**209 SOUTHEAST 8TH PLACE
CAPE CORAL FL 33990**

Mailing Address

**209 SOUTHEAST 8TH PLACE
CAPE CORAL FL 33990**

2. Principal Place of Business

1009 SE 12 PL

3. Mailing Address

1009 SE 12 PL.

Suite, Apt. #, etc.

1

Suite, Apt. #, etc.

1

City & State

CAPE CORAL, FL

City & State

CAPE CORAL, FL

4. FEI Number

65-0980032

Applied For

Not Applicable

Zip

Country

33990

USA

Zip

Country

33990

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

**SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134**

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

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, 2001 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
**PSTD
MASELTER, JOSEPH C
209 SOUTHEAST 8TH PLACE
CAPE CORAL FL 33990** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
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:

Joseph C. Maselter
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

JOSEPH C. MASELTER 4/16/01 (941) 772-7444

CR2E034 (10/00)