

DOCUMENT # P99000102544

1. Entity Name

DB WOODRUFF CABINETS, INC.

Principal Place of Business  
5240 CHERRY WOOD DR.  
NAPLES, FL 34119Mailing Address  
5240 CHERRY WOOD DR.  
NAPLES, FL 34119FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 OCT -9 PM 2:37

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number  
59-3609890

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SPIEGEL & UTRERA, PA  
343 ALMERIA AVE  
CORAL GABLES, FL 33134

Name

DANIEL WOODRUFF

Street Address (P.O. Box Number is Not Acceptable)  
5240 CHERRY WOOD DR

City

NAPLES

FL

Zip Code  
34119

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

*Daniel Woodruff**Daniel Woodruff*

0

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, 2000 Fee will be \$550.00  
Make Check Payable to Department of State10. 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  
P,D  
DANIEL WOODRUFF  
5240 CHERRY WOOD DR  
NAPLES, FL 34119 ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
V  
DIANE WOODRUFF  
5240 CHERRY WOOD DR  
NAPLES, FL 34119 ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
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CITY-ST-ZIP  
☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
100003422551--S  
-10/12/00--01037--006  
\*\*\*\*150.00 \*\*\*\*150.00  
☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ AdditionTITLE  
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:

*Daniel Woodruff*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-3-00

Date

Daytime Phone #

**DB WOODRUFF CABINETS, INC.**  
**5240 CHERRY WOOD DR**  
**Naples, FL 34119**  
**(941) 213-9316**

October 2, 2000

Florida Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

Re: DB Woodruff Cabinets, Inc.  
Document: P99000102544  
2000 Uniform Business Report

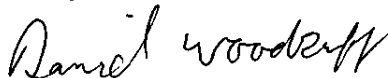
Gentlemen:

With reference to the above document, and confirming my conversation with one of your agents, I am notifying you that I did not receive my Annual Report until just recently. The first report was mailed to the registered agent, and was never forwarded to my office for filing. I have made changes to the Resident Agent on the report.

I cannot afford to pay the \$550.00 with this form. As recommended by your agent, I am enclosing my check in the amount of \$150.00.

Thank you.

Sincerely,



Daniel Woodruff  
President

/rr