04/29/2003 18:01 305-623-8859 JUNIE V

FILED
May 05, 2003 8:00 am
Secretary of State
05-05-2003 91437 028 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000108217

1. Entity Name
WEST COAST CABINETRY & MILLWORK, INC

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 8th ST NE
Suite, Apt. #, etc.
City & State: NAPLES, FL
Zip: 34120
Country: USA

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

4. FEI Number: 65-0969164
Applied For / Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name: TREVOR CHAMBERS
Street Address (P.O. Box Number is Not Acceptable): 811 8th ST NE
City: NAPLES — FL — Zip Code: 34120

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. I am familiar with, and accept the obligations of registered agent.

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

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

	10.	11.	
TITLE	P	TITLE	
NAME	TREVOR CHAMBERS	NAME	
STREET ADDRESS	811 8TH ST NE	STREET ADDRESS	
CITY-ST-ZIP	NAPLES, FL 34120	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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CITY-ST-ZIP		CITY-ST-ZIP	

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] TREVOR CHAMBERS — 4/29/2003 — 239-265-0984
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #