

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91165 038 ***150.00

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DOCUMENT # P99000109281

1. Entity Name

TOP SHELF CABINETS OF SW FLORIDA, INC.



Principal Place of Business

1340 RAILHEAD BLVD

#10

NAPLES FL 34110

US

Mailing Address

526 EASTWOOD DRIVE

NAPLES FL 34110

2. Principal Place of Business

1340 Railhead Blvd

Suite, Apt. #, etc.

#10

3. Mailing Address

526 Eastwood Dr

Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State

Naples FL

Zip

34110

Country

USA

City & State

Naples FL

Zip

34110

Country

USA

4. FEI Number

65-0969088

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WANDERON, THOMAS

868 106TH AVENUE NORTH

NAPLES FL 34108

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

I, 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

Kevin Hayes (NO CHANGES)

4/30/03

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

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

TITLE ☐ Delete

D HAYES, KEVIN T
526 EASTWOOD DRIVE
NAPLES FL 34110

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Kevin Hayes

4/30/03

239-566-8562

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)