2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR) S30923 **DOCUMENT #**

1. Entity Name



FILED
Mar 17, 2003 8:00 am 5
Secretary of State
03-17-2003 90057 026 ***150.00

R. AND H	K. CABINE	TS, INC.							03-17-20	003 9003	7 020	130	J.00	
Principal Place of Business 1324 S. MAIN STREET BELLE GLADE FL 33430 US			1324	Mailing Address 1324 S. MAIN STREET BELLE GLADE FL 33430 US										
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Suite, Apt. #, etc.			Suit	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES						
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Zip	Zip Country			Zip Cour			intry 5						3.75 Additional e Required	
	6. Name	and Address of Curre	ent Registere	ed Agent				7. Name and	Address of N	ew Registe	red Age	nt		
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ALSTON, CALVIN D							iress (P.0	D. Box Numbe	r is Not Accep	table)				\exists
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Belle Gl	LADE FL 334	30												
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	e named entity itions of registe	submits this statemen ered agent.	t for he purp	oose of changing its	register	red office or re	egistered	l agent, or boti	h, in the State o				and accept]
SIGNATURE	Signature, typed of	or printed name of registered ag	gent and title if app	Olicable. (NOT	E: Registers	ed Agent signature	required wh	PPP			1-0	<u>3</u>		
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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 of 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.

GNATURE:

GNATURE:

SIGNATURE: