

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 31, 2001 8:00 am
Secretary of State

07-31-2001 90227 032 ***150.00

DOCUMENT # S76113

1. Entity Name
FINECRAFT CUSTOM CABINETRY, INC.

Principal Place of Business

**1599 APEX RD
 SARASOTA FL 34240
 US**

Mailing Address

**4427 DIAMOND CR W
 SARASOTA FL 34233
 US**

2. Principal Place of Business

3. Mailing Address

1599 APEX RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SARASOTA FL

4. FEI Number **65-0282636**

Applied For
 Not Applicable

Zip

Country

Zip

Country

34240

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

**MARTINELLI, PAUL
 4427 DIAMOND CR W
 SARASOTA FL 34233**

Name

MARTINELLI, PAUL

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

1599 APEX ROAD

City

SARASOTA

FL

Zip Code

34240

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

7/19/01

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 \$550.00
 After September 12, 2001 Fee will be \$750.00
 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 **P** ☐ Delete
 NAME **MARTINELLI, PAUL**
 STREET ADDRESS **1599 APEX RD**
 CITY-ST-ZIP **SARASOTA FL 34240**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/19/01 941-372228

CR2E034 (5/01)

Attachment
D#S761B
A008 D118

SENT To Wray
Address please
See last year
We didn't receive
till 7/18/01