

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V27608

1. Entity Name

DISTINCTIVE CABINETRY, INC.

FILED
Apr 13, 2000 8:00 am
Secretary of State

04-13-2000 90004 039 ***150.00

Principal Place of Business

2022 SO. 51ST. STREET
TAMPA FL 33619
US

Mailing Address

2022 SO. 51ST STREET
TAMPA FL 33583-1217
US

2. Principal Place of Business

1404 MERCANTILE CT.

3. Mailing Address

P.O. BOX 1217

Suite, Apt. #, etc.

UNIT C-1

Suite, Apt. #, etc.

City & State

PLANT CITY FL

City & State

SEFFNER FL

Zip

33567

Country

HILLSBOROUGH

Zip

33583

Country

HILLSBOROUGH

6. Name and Address of Current Registered Agent

MAHDER, RAYMOND A.
1201 LEENA AVENUE
SEFFNER FL 33584

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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 State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete

NAME **MAHDER, RAYMOND A.**
STREET ADDRESS **1201 LEENA AVENUE**
CITY-ST-ZIP **SEFFNER FL**

TITLE **V** ☐ Delete

NAME **MAHDER, PAMELA L**
STREET ADDRESS **1201 LENA AVE**
CITY-ST-ZIP **SEFFNER FL**

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
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:

Raymond A. Mahder
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/00
Date

(813) 719-1440
Daytime Phone #