2000 UNIFORM BUSINESS REPORT (UBR)

FILED **DOCUMENT # H88674** Jan 19, 2000 8:00 am **Secretary of State** THE CABINET CORNER, INC. 01-19-2000 90142 014 ***150.00 Principal Place of Business Mailing Address 426 WEST BAY DRIVE 426 WEST BAY DRIVE LARGO FL 34640 LARGO FL 33770-3326 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-2638801 Not Applicable Zip Country \$8.75 Additional Country 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name TEREPKA, ROY Street Address (P.O. Box Number is Not Acceptable) **426 WEST BAY DRIVE LARGO FL 34640** 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Delete ☐ Addition TITLE TITLE TEREPKA, EDWARD NAME NAME STREET ADDRESS STREET ADDRESS 426 W. BAY DRIVE CITY-ST-ZIP CITY-ST-ZIP LARGO FL ☐ Change ☐ Addition STD ☐ Delete TITLE TITLE TEREPKA, JANICE NAME NAME STREET ADDRESS 426 W BAY DR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LARGO FL ☐ Delete TITLE ☐ Change Addition TITLE NAME TEREPKA. ROY NAME STREET ADDRESS 426 W. BAY DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LARGO FL TITLE Change ☐ Addition TITLE ☐ Delete TEREPKA, STEVE NAME NAME STREET ADDRESS STREET ADDRESS 426 W BAY DR CITY-ST-ZIP CITY-ST-ZIP LARGO FL ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. I hereby certify that the information supplied with this filling 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:

SI