

DOCUMENT # H88674

FILED
Jan 12, 2001 8:00 am
Secretary of State

01-12-2001 90040 025 ***150.00



DO NOT WRITE IN THIS SPACE

1. Entity Name
THE CABINET CORNER, INC.

Principal Place of Business Mailing Address
 426 WEST BAY DRIVE 426 WEST BAY DRIVE
 LARGO FL 33770 LARGO FL 34640

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **59-2638801** Applied For
 Not Applicable

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

TEREPKA, ROY
426 WEST BAY DRIVE
LARGO FL 33770

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 _____ (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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	TEREPKA, EDWARD	
STREET ADDRESS	426 W. BAY DRIVE	
CITY-ST-ZIP	LARGO FL	
TITLE	STD	<input type="checkbox"/> Delete
NAME	TEREPKA, JANICE	
STREET ADDRESS	426 W BAY DR	
CITY-ST-ZIP	LARGO FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	TEREPKA, ROY	
STREET ADDRESS	426 W. BAY DRIVE	
CITY-ST-ZIP	LARGO FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	TEREPKA, STEVE	
STREET ADDRESS	426 W BAY DR	
CITY-ST-ZIP	LARGO FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Janice M Terepka*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-8-01 727-585-3123
 Date Daytime Phone #

CR2E034 (10/00)