FILED

## **2001 UNIFORM BUSINESS REPORT (UBR)**

## Mar 20, 2001 8:00 am DOCUMENT # P00000100618 **Secretary of State** 1. Entity Name CABINET STUFF INC. 03-20-2001 90053 003 \*\*\*150.00 Principal Place of Business Mailing Address 14240 C.R. 561-A 14240 C.R. 561-A CLERMONT FL 34711 CLERMONT FL 34711 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For <u>59-36</u>78297 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent NARRINGTON, STEPHEN Street Address (P.O. Box Number is Not Acceptable) 14240 C.R. 561-A CLERMONT FL 34711 City 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. \_After MAY 1, 2001 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 11, OFFICERS AND DIRECTORS 12. Addition TITLE Delete TITLE Change NARRINGTON, STEPHEN NAME NAME STREET ADDRESS STREET ADDRESS 14240 C.R. 561-A CITY-ST-ZIP CITY-ST-7IP CLERMONT FL 34711 ☐ Change ☐ Addition TITLE ☐ Delete TITLE NARRINGTON, SANDY NAME NAME STREET ADDRESS STREET ADDRESS 14240 C.R. 561-A CITY-ST-ZIP CITY-ST-ZIP CLERMONT FL 34711 ☐ Change Addition TITLE Delete TITLE NAME :- ... -NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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: Sandy Municipal Sandy Nappington 3/15/06 407.469.35