

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 13, 2001 8:00 am
Secretary of State

04-13-2001 90007 002 ***150.00

0538028

DOCUMENT # P94000041632

1. Entity Name
CABINET CONCEPTS OF SW FLORIDA INC.

Principal Place of Business
CABINET CONCEPTS
1207 ENTERPRISE DR
PORT CHARLOTTE FL 33953
US

Mailing Address
CABINET CONCEPTS
1207 ENTERPRISE DR
PORT CHARLES FL 33953
US

AUU47450



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0495921** Applied For
 Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
BOTTS, DANIEL J
1207 ENTERPRISE DR.
PORT CHARLOTTE FL 33953

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 _____ (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 NAME Delete
DP
BOTTS, DANIEL J
 STREET ADDRESS
1207 ENTERPRISE DR
 CITY-ST-ZIP
PORT CHARLOTTE FL

TITLE NAME Change Addition

TITLE NAME Delete
DST
BOTTS, MICHELE R
 STREET ADDRESS
1207 ENTERPRISE DR
 CITY-ST-ZIP
PORT CHARLOTTE FL

TITLE NAME Change Addition

TITLE NAME Delete

TITLE NAME Change Addition

TITLE NAME Delete

TITLE NAME Change Addition

TITLE NAME Delete

TITLE NAME Change Addition

TITLE NAME Delete

TITLE NAME Change Addition

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: *Daniel J Botts* **Dan Botts**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/01 9416245090
 Date Daytime Phone #

CR2E034 (10/00)