

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 704057

1. Entity Name

WOODCREST ARMS INC

FILED
Mar 22, 2000 8:00 am
Secretary of State

03-22-2000 90019 048 ****61.25



DO NOT WRITE IN THIS SPACE

Principal Place of Business 2500 E SAMPLE RD LIGHTHOUSE POINT FL 33064 US	Mailing Address 2500 E SAMPLE RD LIGHTHOUSE POINT FL 33064-8173 US
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	3. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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4. FEI Number 59-1035492	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TUFANO-MULLER, ANITA
2500 E SAMPLE RD
#2
LIGHTHOUSE POINT FL 33064

7. Name and Address of New Registered Agent

Name: Richardson, Thomas W.
 Street Address (P.O. Box Number is Not Acceptable): 2500 NE 36 St., #10
 City: Lighthouse Point FL Zip Code: 33064

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: *Thomas W. Richardson* Thomas W. Richardson 3-16-00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS	
TITLE: PD NAME: FURST, CAROLYN STREET ADDRESS: 2500 NE 36 ST #1 CITY-ST-ZIP: LIGHTHOUSE POINT FL 33064	<input checked="" type="checkbox"/> Delete
TITLE: TSD NAME: TUFANO-MULLER, ANITA STREET ADDRESS: 2500 NW 36 ST #2 CITY-ST-ZIP: LIGHTHOUSE POINT FL 33064	<input checked="" type="checkbox"/> Delete
TITLE: VPD NAME: KOMONIEWSKI, ANN STREET ADDRESS: 2500 NE 36 ST #5 CITY-ST-ZIP: LIGHTHOUSE POINT FL 33064	<input type="checkbox"/> Delete
TITLE: D NAME: JENKINS, CLAUDINA STREET ADDRESS: 2500 NE 36 ST #8 CITY-ST-ZIP: LIGHTHOUSE POINT FL 33064	<input checked="" type="checkbox"/> Delete
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: Treasurer & Director NAME: Richardson, Thomas STREET ADDRESS: 2500 NE 36 St. #10 CITY-ST-ZIP: Lighthouse Point, FL 33064	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: Secretary & Director NAME: Shally, Karen STREET ADDRESS: 2500 NE 36 St. #3 CITY-ST-ZIP: Lighthouse Point FL 33064	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: President & Director	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: Director NAME: Cipolla, Dominic STREET ADDRESS: 2500 NE 36 St. #4 CITY-ST-ZIP: Lighthouse Point, FL 33064	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: VP & Director NAME: Leone, Thomas STREET ADDRESS: 2500 NE 36 St. #2 CITY-ST-ZIP: Lighthouse Point, FL 33064	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Thomas W. Richardson* Thomas W. Richardson 954-782-4982
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)