FOR PROFIT CORPORATION
2004 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 01, 2004 8:00 am
Secretary of State
06-01-2004 90004 020 ***150.00

DOCUMENT # G67100

1. Entity Name
MODULAR WOOD SYSTEMS, INC.

DO NOT WRITE IN THIS SPACE

54056031

2. Principal Place of Business	3. Mailing Address
1805 Red Bank School Rd	1805 Red Bank School Rd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Claudville, VA	City & State: Claudville, VA
Zip: 240760 Country:	Zip: 24076 Country:

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-2346591 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Burton, Andre S.

Street Address (P.O. Box Number is Not Acceptable): 4310 Sheridan St., Suite 202

City: Hollywood FL Zip Code: 33021

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ 4/30/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD NAME STREET ADDRESS CITY-ST-ZIP	Eckenrod, Alvin 1805 Red Bank School Rd. Claudville, VA 24076
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CR2E034B (12/02)

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 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: X _____ X 4/30/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #