

2004 **FOR PROFIT CORPORATION
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.	

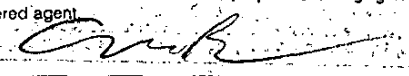
DO NOT WRITE IN THIS SPACE

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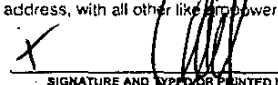
2. Principal Place of Business 1805 Red Bank School Rd.		3. Mailing Address 1805 Red Bank School Rd.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Claudville, VA		City & State Claudville, VA	
Zip 240760	Country	Zip 24076	Country
4. FEI Number 59-2346591		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

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	Zip Code FL 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  DATE 4/30/04	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	
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	Eckenrod, Alvin	TITLE NAME	DO NOT WRITE IN THIS SPACE
NAME	1805 Red Bank School Rd.	NAME	
STREET ADDRESS	Claudville, VA 24076	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE NAME		TITLE NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE NAME		TITLE NAME	
STREET ADDRESS		STREET ADDRESS	
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CITY-ST-ZIP		CITY-ST-ZIP	
TITLE NAME		TITLE NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: 	Date 4/30/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	

CR2E034B (12/02)