

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P0000086003

1. Entity Name
CLASSIC HOTEL WOODWORKS, INC.

Principal Place of Business
1913 WINDSWEPT OAK LANE
FERNANDINA BEACH FL 32034

Mailing Address
P O BOX 15401
FERNANDINA BEACH FL 32034



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2382 Jamestown Rd
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Fernandina Bch FL

City & State

4. FEI Number 59-3676411

Applied For
Not Applicable

Zip 32034 Country US

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GONNELLA, RUDOLPH
1913 WINDSWEPT OAK LANE
FERNANDINA BEACH FL 32034

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 *Rudy Gonnella President* 4/20/02
NOTE: Registered Agent signature required when reinstating.

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, 2002 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	D	<input type="checkbox"/> Delete
NAME	GONNELLA, RUDOLPH	
STREET ADDRESS	PO BOX 15401	
CITY-ST-ZIP	FERNANDINA BEACH FL 32035	
TITLE	D	<input type="checkbox"/> Delete
NAME	ALDRED, JOSEPH III	
STREET ADDRESS	22 LONGFELLOW AVE	
CITY-ST-ZIP	BRUNSWICK MA 04011	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 4/20/02
904-261-2422

CR2E034 (9/01)