

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 07, 2003 8:00 am
Secretary of State

03-07-2003 90073 009 ***150.00

DOCUMENT # P00000086003

1. Entity Name
CLASSIC HOTEL WOODWORKS, INC.



Principal Place of Business
**2382 JAMESTOWN RD
FERNANDINA BEACH FL 32034**

Mailing Address
**P O BOX 15401
FERNANDINA BEACH FL 32034**



2. Principal Place of Business
3784 Domestic Ave

3. Mailing Address
PO Box 7504

Suite, Apt. #, etc.
Unit B

Suite, Apt. #, etc.

City & State
Naples FL

City & State
Naples FL

CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3676411**

Applied For
 Not Applicable

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

Zip **34104** Country **US**

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6. Name and Address of Current Registered Agent

**GONNELLA, RUDOLPH
1913 WINDSWEEP OAK LANE
FERNANDINA BEACH FL 32034**

7. Name and Address of New Registered Agent

Name **Rudy Gonnella**

Street Address (P.O. Box Number is Not Acceptable)
1820 Gulfshore Blvd

City **Naples** State **FL** Zip Code **34103**

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 **3/3/03**

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete GONNELLA, RUDOLPH PO BOX 15401 FERNANDINA BEACH FL 32035
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete ALDRED, JOSEPH III 22 LONGFELLOW AVE BRUNSWICK MA 04011
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 607, 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: **SIGNATURE REQUIRED**

DATE **3/3/03** Daytime Phone # **239-403-0065**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E031 (11/01/02)