2000 UNIFORM BUSINESS REPORT (UBR)

nent with an address, with all other like empowered.

SIGNATURE:

FILED DOCUMENT # P98000108171 Sep 18, 2000 8:00 am Secretary of State 1. Entity Name MR. HARDWOODS INC. 09-18-2000 90047 040 ***150.00 Principal Place of Business Mailing Address 210 COMMERCE WAY 210 COMMERCE WAY JUPITER FL 33458 JUPITER FL 33458 2. Principal Place of Business 3. Mailing Address ommerc DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Jahnson CORPORATE CREATIONS ENTERPRISES, INC. Street Address (P.O. Box Number is Not Acceptable) 4521 PGA BOULEVARD #211 PALM BEACH GARDENS FL 33418 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 FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After SEPTEMBER 13, 2000 Min. will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS ☐ Addition ☐ Delete TITLE TITLE JOHNSON, DURWOOD C NAME NAME STREET ADDRESS 210 COMMERCE WAY STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JUPITER FL 33458 ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CJTY-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

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Quality for Less ...



210 Commerce Way Jupiter, Fl 33458 561-746-9663 Fax 561-743-0447 1-800-226-9664

September 14, 2000

Florida Department of State Division of corporations P.O. Box 1500 Tallahassee, FL 32302-1500

To Whom It May Concern:

Recently I called and spoke to Leslie regarding this filing and requested a form because I never received the first one. She told me to send in a letter with my payment to request a waive of the penalty. I just got this new form in mail on Monday.

Enclosed is our check for \$150.00 for filing. Thank you for your consideration in this matter.

Yours truly,

Durwood C. Johnson President