

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000110341

1. Entity Name

TWIN OAKS WOODWORKS, INC.

FILED
Apr 21, 2000 8:00 am
Secretary of State

04-21-2000 90106 043 ***150.00

Principal Place of Business 8010 43RD AVE VERO BEACH FL 32960	Mailing Address 8010 43RD AVE VERO BEACH FL 32960
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE.

4. FEI Number EIN 650976074	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

HENDERSON, STEVE L
817 BEACHLAND BLVD
VERO BEACH FL 32963

7. Name and Address of New Registered Agent

Name WAYNE SOMMERS
Street Address (P.O. Box Number is Not Acceptable) 385 LIVE OAK DR.
City VERO BEACH FL
Zip Code 32963

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: WAYNE SOMMERS *Wayne Sommers Pres.* 4/14/2000
Signature, typed or printed name of registered agent and title if applicable (NONE Registered Agent signature required when reinstating) DATE

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, 2000 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	☐ Delete	TITLE S	☐ Change ☒ Addition
NAME SOMMERS, WAYNE		NAME TOM TREILING	
STREET ADDRESS 8010 43RD AVE		STREET ADDRESS 744 5th Court S.W.	
CITY-ST-ZIP VERO BEACH FL 32960		CITY-ST-ZIP VERO BEACH 32962	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: WAYNE SOMMERS *Wayne Sommers* 4/14/2000 561-589-6537
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)