

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 21, 2001 8:00 am
Secretary of State

0487601

DOCUMENT # **P99000110341**

1. Entity Name
TWIN OAKS WOODWORKS, INC.

03-21-2001 90037 027 ***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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935623



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State

4. FEI Number 65-0976074	Applied For
	Not Applicable

Zip	Country	Zip	Country
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

SOMMERS, WAYNE
385 LIVE OAK DR
VERO BEACH FL 32963

7. Name and Address of New Registered Agent

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 _____ (NOTE: 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, 2001 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

TITLE	D	<input type="checkbox"/> Delete
NAME	SOMMERS, WAYNE	
STREET ADDRESS	8010 43RD AVE	
CITY-ST-ZIP	VERO BEACH FL 32960	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	TREILING, TOM	
STREET ADDRESS	744 5TH COURT SW	
CITY-ST-ZIP	VERO BEACH FL 32962	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOMMERS, WAYNE	
STREET ADDRESS	8010 43RD AVE	
CITY-ST-ZIP	VERO Bch FL 32960	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FL	
STREET ADDRESS	CL	
CITY-ST-ZIP	CL	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CL	
STREET ADDRESS	CL	
CITY-ST-ZIP	CL	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CL	
STREET ADDRESS	CL	
CITY-ST-ZIP	CL	

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 3/5/2001 561-589-6537
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)