

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90308 011 ***150.00

DOCUMENT # 260425

1. Entity Name
W & W LUMBER & BUILDING SUPPLIES INC



Principal Place of Business
16500 SW WARFIELD BLVD
P.O. BOX 1
INDIANTOWN FL 34956-7001

Mailing Address
16500 SW WARFIELD BLVD
P.O. BOX 1
INDIANTOWN FL 34956-7001

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-0994064**

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

WALL, IRIS
16500 SW PALOMINO STREET
INDIANTOWN FL 34956

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

TITLE	VD	<input type="checkbox"/> Delete
NAME	GILLIAM, ALLEN RICHARD	
STREET ADDRESS	15950 SW PALOMINO ST	
CITY-ST-ZIP	INDIANTOWN, FL 00000	
TITLE	PD	<input type="checkbox"/> Delete
NAME	WALL, IRIS	
STREET ADDRESS	16500 SW PALOMINO ST	
CITY-ST-ZIP	INDIANTOWN, FLA 33456	
TITLE	TD	<input type="checkbox"/> Delete
NAME	GILLIAM, LOIS TERRY	
STREET ADDRESS	15950 SW PALOMINO ST	
CITY-ST-ZIP	INDIANTOWN, FL 00000	
TITLE	SD	<input type="checkbox"/> Delete
NAME	LAWRENCE, CAROLYN W	
STREET ADDRESS	16200 SW MAPLE AVE.	
CITY-ST-ZIP	INDIANTOWN, FL 00000	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Carolyn W. Lawrence* **SIGNATURE REQUIRED** **Lawrence-Secretary**

Date **4/18/03**

Daytime Phone # **772-597-3506**

CR2E034 (10/02)