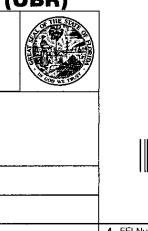
2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

260425 **DOCUMENT #**

1. Entity Name

W & W LUMBER & BUILDING SUPPLIES INC



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

04-28-2003 90308 011 ***150.00

						GO WE IN	^					
Principal Place of Business 16500 SW WARFIELD BLVD P.O. BOX 1 INDIANTOWN FL 34956-7001 2. Principal Place of Business			Mailing Address 16500 SW WARFIELD BLVD P.O. BOX 1 INDIANTOWN FL 34956-7001 3. Mailing Address									
Suite, Apt. #, etc.				Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES				
City & State			City & State				4.	4. FEI Number 59-0994064 Applied Fo Not Applied Fo			oplied For]
Zip Country			Zip Counti			try	5.	5. Certificate of Status Desired \$8.75 Additional Fee Required			ditional	1
	6. Name	and Address of Current	Register	ed Agent	- -	.پ تلومي	~ 7.	Name and Address of New F	legistered Ag	ent -	te, t	1
						Name						ı
WALL, IRIS 16500 SW PALOMINO STREET				Street A			ess (P.O. Box Number is Not Acceptable)					
· ·	AN FL 349											
						City			FL	Zip Cod	е	
	tions of regist	ered agent.			registere	ed office or regi	stered a	gent, or both, in the State of Flo		niliar with,	and accept	
	Signature, typed	or printed name of registered agent	and title if app	olicable. (NOTE	: Registere	d Agent signature rec	puired when	reinstating)	DATE			
Afte	r May 1, 200	PEE IS \$150.00 Fee will be \$550.00 Florida Department of	State					Election Campaign Fir Trust Fund Contribution			0 May Be	
10.		OFFICERS AND	DIRECTO	I)RS	11.			ADDITIONS/CHANGES TO OFF	ICERS AND D	IRECTOR	S IN 11	1
TITLE NAME STREET ADDRESS CITY-ST-ZIP	15950 SW	ALLEN RICHARD PALOMINO ST WN, FL 00000		☐ Delete		1			-	Change	☐ Addition	100,000
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WALL, IRI 16500 SW	•		□ Delete		I]	Change	☐ Addition	200
TITLE NAME STREET ADDRESS CITY-ST-ZIP	15950 SW	OIS TERRY PALOMINO ST WN, FL 00000	-	□ Delete		I	- "		>	Change	- ^Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	16200 SW	E, CAROLYN W MAPLE AVE. WN, FL 00000		☐ Delete					[☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete		I]	_ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				Delete	CITY	ET ADDRESS -ST-ZIP				_ Change	Addition	
12 Ingrahu	cartity that the	untermetice cupalied with	This tiling	cace not auglify for	THA AVA	mation etated ir	n Section	n 110 07/3)(i) Florida Statutae	LIUMPAL CORTIT	, mat the ir	DIOTEMATION	

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.

4/18/03 772-597-3506