## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED DOCUMENT # 293748 Apr 22, 2000 8:00 am Secretary of State 1. Entity Name WIGHTMAN LUMBER COMPANY 04-22-2000 90107 045 \*\*\*150.00 Principal Place of Business Mailing Address P O BOX 1276 7120 N.W. 1 AVE. MIAMI FL 33138 MIAMI FL 33150-3702 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State City & State 4. FEI Number 59-1097997 Not Applicable Zip Country Zip 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 JACK, LEWIS N., JR. Street Address (P.O. Box Number is Not Acceptable) 1493 SUNSET DR CORAL GABLES FL 33114 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 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 MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. Addition ☐ Change ☐ Defete TITLE TITLE WIGHTMAN, WILLIAM S.JR. NAME NAME STREET ADDRESS STREET ADDRESS 1700 N. E. 105TH ST., #519 CITY-ST-ZIP CITY-ST-ZIP MIAMI SHORES FL ☐ Change Addition ☐ Delete TITLE TITLE WIGHTMAN, ELLEN D. NAME STREET ADDRESS 1700 N. E. 105TH ST., #519 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI SHORES FL ☐ Change Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS 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 eath; 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: