2000 UNIFORM BUSINESS REPORT (UBR)

FILED May 09, 2000 8:00 am Secretary of State **DOCUMENT # 307524** HOUSE OF PLYWOOD, INC. 05-09-2000 90122 040 ***150.00 Principal Place of Business Mailing Address 618 MCDONNELL ST 618 MCDONNELL ST P.O. BOX 2614 P.O. BOX 2614 TALLAHASSEE FL 32316-2614 TALLAHASSEE FL 32316-2614 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State 4. FEI Number Applied For City & State 59-1150801 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name COBB, DENNY G Street Address (P.O. Box Number is Not Acceptable) 618 MCDONNELL STREET TALLAHASSEE FL 32310 Zip Code City FL 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 Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Addition ☐ Delete TITLE TITLE COBB, DENNY G NAME NAME STREET ADDRESS STREET ADDRESS 618 MCDONNELL STREET CITY-ST-ZIP CITY-ST-ZIP TALLAHASSEE, FL 00000 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition ☐ Change □ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete Change TITLE TITLE 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 attachment with an address, with all other like empowered. changed, or on a

STREET ADDRESS CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

TITLE

NAME STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPE RINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

222-0860

Change

Addition