2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # 677756 Mar 02, 2000 8:00 am **Secretary of State** HERITAGE WOODCRAFT, INC. 03-02-2000 90127 038 ***150.00 Principal Place of Business Mailing Address % RICHARD L. ZEIGER % RICHARD L. ZEIGER 4917 GLOVER LN. 4917 GLOVER LN. MILTON FL 32570-4528 MILTON FL 32570 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-2009308 Not Applicable Zip Country Zip \$8.75 Additional 5 Certificate of Status Desired \Box Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ZEIGER, RICHARD L. Street Address (P.O. Box Number is Not Acceptable) 5910 HOGANS ALLEY MILTON FL 32570 Zip Code 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) 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 Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 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 Change TITLE RALEY, LARRY M. NAME NAME STREET ADDRESS 861 MUNDY LN. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MILTON FL ☐ Delete TITLE ☐ Change ☐ Addition TITLE ZEIGER, RICHARD L. NAME STREET ADDRESS STREET ADDRESS 5910 HOGANS ALLEY CITY-ST-ZIP CITY-ST-ZIP MILTON FL ☐ Addition TITLE Change ☐ Delete TITLE RAYBURN, JAMES T NAME NAME STREET ADDRESS 3410 LITTLE TACK LANE STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP MILTON FL 32570 Change ☐ Addition ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IF CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change 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 supplied neutal 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 receive/for trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 it changed, or on an attachment with an address, with all other like empowered.

URE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR