

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 688897

1. Entity Name  
WOODCRAFT HOMES, INC.

**FILED**  
**Feb 12, 2001 8:00 am**  
**Secretary of State**

02-12-2001 90240 032 \*\*\*150.00

Principal Place of Business  
10785 ULMERTON RD  
C/O WILLIAM S. JONASSEN  
LARGO FL 33778  
US

Mailing Address  
10785 ULMERTON RD  
C/O WILLIAM S. JONASSEN  
LARGO FL 33778  
US

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2110439**  
Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

## 7. Name and Address of New Registered Agent

JONASSEN, WILLIAM S  
10785 ULMERTON RD  
LARGO FL 33778

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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

## 11. OFFICERS AND DIRECTORS

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PSD  
NAME WHEELER, TIMOTHY W  
STREET ADDRESS 550 CARMEL RD  
CITY-ST-ZIP VENICE FL 34293

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CITY-ST-ZIP

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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 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: TIMOTHY W. WHEELER, PRESIDENT  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (10/00)