

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 26, 2003 8:00 am
Secretary of State

02-26-2003 90121 038 ***150.00

DOCUMENT # 688897

1. Entity Name
WOODCRAFT HOMES, INC.



Principal Place of Business

~~35111 U.S. 19 N~~

~~SUITE 881~~

PALM HARBOR FL 34684

US

Mailing Address

10785 ULMERTON RD

C/O WILLIAM S. JONASSEN

LARGO FL 33778

US

90036614



2. Principal Place of Business

35002 U.S. 19 North

Suite, Apt. #, etc.

Palm Harbor, FL

City & State

3. Mailing Address

Suite, Apt. #, etc.

City & State

☐ CHECK HERE IF MAKING CHANGES

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

JONASSEN, WILLIAM S

10785 ULMERTON RD

LARGO FL 33778

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution: ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
7 Pebble Beach
Englewood, Florida 33947

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/19/03 727-784-6670

CR2E034 (10/02)