## **2000 UNIFORM BUSINESS REPORT (UBR)**

## Jul 17, 2000 8:00 am Secretary of State DOCUMENT # F98000005869 1. Entity Name MJB WOOD GROUP, INC. 07-17-2000 90077 044 \*\*\*558.75 Principal Place of Business Mailing Address 9901 E VALLEY RANCH PKWY 9901 E VALLEY RANCH PKWY **STE 1000** STE 1000 IRVING TX 75063 IRVING TX 75063 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 75-2783003 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After SEPTEMBER 13, 2000 Min. will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Change ☐ Addition TITLE □ Delete TITLE **BLANCHAT, MICHAEL** NAME NAME 4320 CASTLE POCK OT. TRVING TU 15038 STREET ADDRESS STREET ADDRESS 1164 HIDDEN RIDGE #2333 ò CITY-ST-ZIP CITY-ST-ZIP **IRVING TX 75038** Change ☐ Addition TITLE Delete TITLE AULDS, JOE H NAME NAME STREET ADDRESS **792 CRESTVIEW COURT** STREET ADDRESS CITY-ST-ZIP CiTY-ST-ZIP COPPELL TX SO □ Delete ☐ Addition AUXIER, MARK NAME STREET ADDRESS STREET ADDRESS 9212 MILL HOLLOW DR CITY-ST-ZIP CITY-ST-ZIP DALLAS TX 75243 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME CALDWELL, JOE A NAME STREET ADDRESS 304 CAITLAN CIRCLE HIGHLAND STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP VILLAGE TX VD ☐ Defete TITLE ☐ Change ☐ Addition TITLE NAME BLANCHAT, MICHAEL D NAME STREET ADDRESS STREET ADDRESS 1914 N SPRUCE CITY-ST-7IP CITY-ST-7IP LITTLE ROCK AR TITLE ☐ Delete TITI E ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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

SIGNATURE:

SIGNATURE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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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