

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 17, 2000 8:00 am
Secretary of State

07-17-2000 90077 044 ***558.75

DOCUMENT # F98000005869

1. Entity Name
MJB WOOD GROUP, INC. ✓

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.

City & State City & State

Zip Country Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **75-2783003** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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

TITLE	CD	<input type="checkbox"/> Delete
NAME	BLANCHAT, MICHAEL	
STREET ADDRESS	1164 HIDDEN RIDGE #2333	
CITY-ST-ZIP	IRVING TX 75038	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	AULDS, JOE H	
STREET ADDRESS	792 CRESTVIEW COURT	
CITY-ST-ZIP	COPPELL TX	
TITLE	S	<input type="checkbox"/> Delete
NAME	AUXIER, MARK	
STREET ADDRESS	9212 MILL HOLLOW DR	
CITY-ST-ZIP	DALLAS TX 75243	
TITLE	VD	<input type="checkbox"/> Delete
NAME	CALDWELL, JOE A	
STREET ADDRESS	304 CAITLAN CIRCLE HIGHLAND	
CITY-ST-ZIP	VILLAGE TX	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BLANCHAT, MICHAEL D	
STREET ADDRESS	1914 N SPRUCE	
CITY-ST-ZIP	LITTLE ROCK AR	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	4320 CASTLE ROCK CT.	
CITY-ST-ZIP	IRVING, TX 75038	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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: Michael Blanchat Date: 7/6/00 Daytime Phone #: (972) 401-0005

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CF2 30 15100