

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Jan 16, 2001 08:00 AM**
Secretary of State**DOCUMENT # F98000006212**1. Entity Name
J & J WOODWORKING, INC.

Principal Place of Business	Mailing Address
1302 WEST MAIN	PO BOX 1736
SUITE 25	
AUBURN WA	AUBURN WA
98001	98071

2. Principal Place of Business	3. Mailing Address
	1302 WEST MAIN

Suite, Apt. #, etc.	Suite, Apt. #, etc.
	SUITE 25

City & State	City & State
	AUBURN WA

Zip	Country	Zip	Country
		98001	

4. FEI Number	Applied For
91-1432014	Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentMOSBY BLAIR
8286 WESTERN WAY CIRCLE, UNIT D-7JACKSONVILLE FL
32256 US**7. Name and Address of New Registered Agent**Name
MOSBY BLAIR
Street Address (P.O. Box Number is Not Acceptable)
5249 JULINGTON FOREST DRIVE

City JACKSONVILLE FL Zip Code 32258

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 **01/16/2001**
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 \$150.00**
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees**11. OFFICERS AND DIRECTORS**

TITLE	V	☐ Delete
NAME	DOVEY JAMES	
STREET ADDRESS	1933 NORMA ROAD NE	
CITY-ST-ZIP	TACOMA WA 98422	

TITLE	P	☐ Delete
NAME	NUNN JAMES	
STREET ADDRESS	607 63 AVENUE COURT NE	
CITY-ST-ZIP	TACOMA WA 98422	

TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	☐ Change ☐ Addition
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STREET ADDRESS	
CITY-ST-ZIP	

TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	☐ Change ☐ 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: James Dovey

V

01/16/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)