

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **G28128**

1. Entity Name
FORT LAUDERDALE MILLWORK, INC.

FILED

00 NOV 30 PM 3:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
4200 NW 10TH AVE 4200 NW 10TH AVE
OAKLAND PARK FL 33309 OAKLAND PARK FL 33309-4602

2. Principal Place of Business		3. Mailing Address		REINSTATEMENT 2000 4. FEI Number 59-2264908 Applied For ☐ Not Applicable 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State		City & State		
Zip	Country	Zip	Country	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
BUTTERMORE, CHRISTOPHER 9825 W. SAMPLE RD. STE. 201 CORAL SPRINGS FL 33065		Name ERIC ARELIUS	
		Street Address (P.O. Box Number is Not Acceptable) 4367 N. FEDERAL HWY. SUITE 101	
		City FORT LAUDERDALE FL Zip Code 33308	

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 *Eric J. Arelius* **10/23/00**
Signature, typed or printed name of registered agent and title if applicable (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. ☐ **FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2000 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	ST	☐ Delete	TITLE	☐ Change ☐ Addition 300003509153-4 -12/20/00--01076--009 ***1100.00 ****350.00	
NAME	WATTS, CHARLES		NAME		
STREET ADDRESS	7498 NW 49 PLACE		STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE FL		CITY-ST-ZIP		
TITLE	PD	☐ Delete	TITLE	☐ Change ☐ Addition 300003509153-4 -12/20/00--01076--010 ****400.00 ****400.00	
NAME	WATTS, SANDRA		NAME		
STREET ADDRESS	7498 NW 49 PLACE		STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE FL		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: *Charles R. Watts* **10/23/00**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0001587
CR2E034 (9/99)