2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G73266 HIGHLANDS WOODCRAFT, INC.

2. Principal Place of Business

Country

COLANGELO, JOSEPH

1949 U.S. HWY, 27TH NO. SEBRING FL 33870

9. This corporation is eligible to satisfy its Intangible

COLANGELO, JOSEPH P

COLANGELO, LUCILLE

COLANGELO. JOSEPH M

239 JAY AVENUE

315 RAVEN AVE

SEBRING FL

Tax filing requirement and elects to do so.

239 JAY AVE

SEBRING FL

SEBRING FL

(See criteria on back)

6. Name and Address of Current Registered Agent

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

OFFICERS AND DIRECTORS

Suite, Apt. #, etc.

City & State

Zip

SIGNATURE

11.

TITLE

NAME

TITLE

TITLE

NAME

TITLE

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADORESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

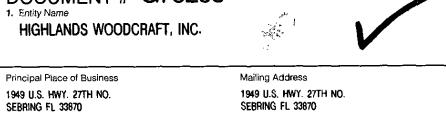
CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

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

08-17-2000 90002 050 ***550.00



3. Mailing Address

City & State

Suite, Apt. #, etc.

☐ Delete

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Country

TITLE

NAME

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NAME STREET ADDRESS

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NAME

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

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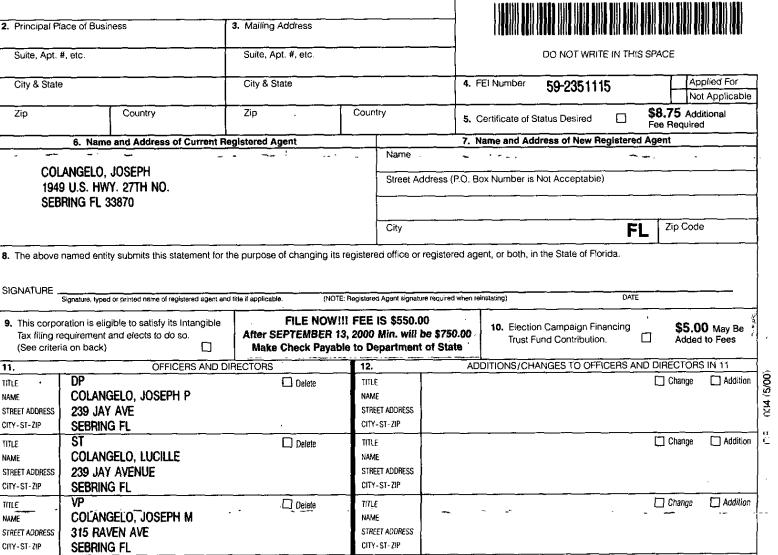
COY-ST-7IP

CITY-ST-ZIP

CITY-ST-ZIP

Name

City



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

Daytime Phone #

☐ Change

☐ Change

Addition

☐ Addition

☐ Addition