

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K00693

1. Entity Name

COMBINED WOODWORKING, INC.

FILED
Apr 23, 2000 8:00 am
Secretary of State

04-23-2000 90044 046 ***150.00

945276



DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
10022 NAVARRE PKWY NAVARRE FL 32566 US	7537 BLACKJACK CR NAVARRE FL 32566-7816 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State

Zip	Country	Zip	Country

4. FEI Number	59-2858826	Applied For
		Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
PITTMAN, MARVIN E. 3650 BOB TOLBERT RD NAVARRE FL 32566

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 _____ (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. (See criteria on back) ☐

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	
TITLE	PD
NAME	MOORE, STEVE T.
STREET ADDRESS	7533 BLACKJACK CR.
CITY-ST-ZIP	NAVARRE FL
TITLE	VD
NAME	LONG, ROY V.
STREET ADDRESS	7535 BLACKJACK CR.
CITY-ST-ZIP	NAVARRE FL
TITLE	SD
NAME	MOORE, BECKY
STREET ADDRESS	7533 BLACKJACK CR.
CITY-ST-ZIP	NAVARRE FL
TITLE	TD
NAME	LONG, SUE
STREET ADDRESS	7535 BLACKJACK CR
CITY-ST-ZIP	NAVARRE FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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	
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	
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: Sue Long
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/00
Date

850 939-1328
Daytime Phone #

CR2E034 (9/99)