## 2002 UNIFORM BUSINESS REPORT (UBR)

## Feb 11, 2002 8:00 am DOCUMENT # K09623 **Secretary of State** 1. Entity Name GENERAL HARDWOODS AND MILLWORK, INC. 02-11-2002 90069 019 \*\*\*150.00 Principal Place of Business Mailing Address % RICHARD A. BANACH % RICHARD A. BANACH 2619 S.W. 2ND AVE 2619 S.W. 2ND AVE FT. LAUDERDALE FL 33315 FT. LAUDERDALE FL 33315 2. Principal Place of Business =3:=Mailing:Address= Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0019283 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BANACH, RICHARD A. Street Address (P.O. Box Number is Not Acceptable) 2619 S.W. 2ND AVE FT. LAUDERDALE FL 33315 City Zip Code FŁ 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 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 FILE-NOWILL-FEE-IS-\$150.00-10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete ☐ Change TITLE ☐ Addition BANACH, RICHARD A. NAME STREET ADDRESS 2619 S.W. 2ND AVE STREET ADDRESS CITY-ST-ZIP FT. LAUDERDALE FL CITY-ST-ZIP ☐ Delete **VPT** TITLE Change ☐ Addition NAME BANACH, SHEILA NAME STREET ADDRESS STREET ADDRESS

CR2E034 (9/01) 2619 SW 2ND AVENUE CITY-ST-ZIP FORT LAUDERDALE FL CITY-\$T-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITI F Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF 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

13. I hereby certify that the information supplied with this filling 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.

STREET ADDRESS CITY-ST-ZIP

NAME

SIGNATUR

NAME

STREET ADDRESS

HILL SAND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-25-03

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**FILED**