

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 30, 2001 08:00 AM**
Secretary of State**DOCUMENT # K51217**1. Entity Name
MILL-RITE WOODWORKING COMPANY, INC.

Principal Place of Business 6401 47TH ST N PINELLAS PARK 33781 US	FL	Mailing Address 6401 47TH ST N PINELLAS PARK 33781 US	FL
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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
65-0089026Applied For
Not Applicable5. Certificate of Status Desired ☒ **\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent**CULLEM, JOHN P.
856 SECOND AVE N
7TH FLOOR
ST. PETERSBURG
33701
US

FL

Name CULLEM, JOHN P.
Street Address (P.O. Box Number is Not Acceptable) 856 SECOND AVE N
City ST. PETERSBURG
FL
Zip Code 33701

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 _____ **04/30/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. 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****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS CLARK, ROBERT D. 6401 47TH ST N PINELLAS PARK FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT CLARK, JENNIFER L. 6401 47TH ST N PINELLAS PARK FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Jennifer L. Clark
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DPT 04/30/2001

Date

Daytime Phone #

CR2E034 (11/00)