2001 UNIFORM BUSINESS REPORT (UBR)

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SIGNATURE:

FILED Apr 13, 2001 8:00 am Secretary of State **DOCUMENT # K68164** WOOD FLOORS, INTERNATIONAL, INC. 04-13-2001 90075 044 ***150.00 Principal Place of Business Mailing Address 3500 EUNICE RD-P.O. BOX 49219 JACKSONVILLE F 32250 JACKSONVILLE F 32240 US 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For City & State 59-3000568 Ksonville Bch, FL Not Applicable Country Zip \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Josep BOONE, JOSEPH A 3509 EUNICE RD JACKSONVILLE FL 32250-JACKSONVIlle Beach 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. FILE NOW! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. P # 🔼 ☐ Change ☐ Addition TITLE ☐ Delete TITLE BOONE, JOSEPH A. JR NAME NAME P.O. BOX 49219 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL 32240 ☐ Addition ☐ Change TITLE Wendell Wilson 3000 Cornet Lw - Suit # 272 TITLE NAME NAME STREET ADDRESS STREET ADDRESS JACKSOTUILLE, EL 32207 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS 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

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