2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED Jan 30, 2001 8:00 am Secretary of State **DOCUMENT # M81892** FINE WOODWORK CONSTRUCTION, INC. 01-30-2001 90186 041 ***150.00 Principal Place of Business Mailing Address 1362 MELALEUCA LANE 1362 MELALEUCA LANE FT. MYERS FL 33901-8818 FT. MYERS FL 33901-8818 AUULDIIN 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 65-0050245 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ROCKWOOD, BRADLEY J. Street Address (P.O. Box Number is Not Acceptable) 1362 MELALEUCA LANE FT. MYERS FL 33901 Zip Code City FL 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. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 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 11. 12. **PSD** ☐ Addition TITLE TITLE ☐ Delete ROCKWOOD, BRADLEY J. NAME NAME STREET ADDRESS STREET ADDRESS 1362 MELALEUCA LANE ÇITY-ST-ZIP CITY-ST-7IP FT. MYERS FL ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME DOYLE, DONNA J. NAME STREET ADDRESS STREET ADDRESS 1362 MELALEUCA LANE CITY-ST-ZIP CITY-ST-7IP FT. MYERS.FL ... Change ☐ Addition TITLE ☐ Delete TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.