

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 17, 2001 8:00 am
Secretary of State

09-17-2001 90155 043 ***550.00

0115312 AT

DOCUMENT # P00000035019

1. Entity Name
E.J. WOODWORKS, INC.

Principal Place of Business

Mailing Address

**6812 DILL AVE
 COCOA FL 32927-9212**

**6812 DILL AVE
 COCOA FL 32927-9212**

979058



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

692 Killarney Ct
 Suite, Apt. #, etc.

692 Killarney Ct
 Suite, Apt. #, etc.

City & State

City & State

Merritt Island FL

Merritt Island FL

4. FEI Number

Applied For

593648376

Not Applicable

Zip

Country

Zip

Country

32953

Brevard

32953

Brevard

5. 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

**JACKSON, EDWARD W
 6812 DILL AVE
 COCOA FL 32927-9212**

Name **Edward W Jackson**

Street Address (P.O. Box Number is Not Acceptable)

692 Killarney Ct

City

Merritt Island

FL

Zip Code

32953

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
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$550.00
After September 12, 2001 Fee will be \$750.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
 NAME **JACKSON, EDWARD W**
 STREET ADDRESS **6812 DILL AVE**
 CITY-ST-ZIP **COCOA FL 32927-9212**

TITLE ☒ Change ☐ Addition
 NAME **Jackson, Edward W**
 STREET ADDRESS **692 Killarney Ct**
 CITY-ST-ZIP **Merritt Island FL 32953**

TITLE **D** ☐ Delete
 NAME **JACKSON, CATHERINE M**
 STREET ADDRESS **6812 DILL AVE**
 CITY-ST-ZIP **COCOA FL 32927-9212**

TITLE ☒ Change ☐ Addition
 NAME **Jackson, Catherine M**
 STREET ADDRESS **692 Killarney Ct**
 CITY-ST-ZIP **Merritt Island FL 32953**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-10-01

321-794-2205

Date

Daytime Phone #

(10/5) 145062