

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000046318

1. Entity Name

TRUE WOOD CRAFT, INC.

FILED
Apr 11, 2001 8:00 am
Secretary of State

04-11-2001 90063 023 ***150.00

Principal Place of Business

2801 XANTHUS STREET
TAMPA FL 33614-1848

Mailing Address

2801 XANTHUS STREET
TAMPA FL 33614-1848

2. Principal Place of Business

6702 LAND O LAKES BLVD
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 788
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

LAND O LAKES, FL

City & State

LAND O LAKES FL

4. FEI Number

59-3656218

Applied For

Not Applicable

Zip

34639

Country

USA

Zip

34639

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DECORT, DONALD P ESQ.
106 SOUTH TAMPA AVENUE
SUITE 200
TAMPA FL 33609

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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 \$150.00
After MAY 1, 2001 Fee will be \$550.00
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

TITLE D
NAME MORMANN, DAVID R
STREET ADDRESS 2801 XANTHUS STREET
CITY-ST-ZIP TAMPA FL 33614-1848 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P/D
NAME MORMANN, DAVID R. ☒ Change ☐ Addition
STREET ADDRESS P.O. Box 788
CITY-ST-ZIP LAND O LAKES, FL 34639

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

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

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

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

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

Donald P. Decort Pres
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/01 8139967790
Date Daytime Phone #

CR2E034 (10/00)

042381