

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000056122

1. Entity Name

W.F. WOOD CABINETS, INC.

FILED
Feb 26, 2001 8:00 am
Secretary of State

02-26-2001 90528 048 ***150.00

Principal Place of Business

13437 CROFT DRIVE
LARGO FL 33774

Mailing Address

13437 CROFT DRIVE
LARGO FL 33774

2. Principal Place of Business

8780 126th Ave. N.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Largo, FL

City & State

Zip

33773

Country

US

Country

4. FEI Number

59-3647724

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LOVELACE, WILLIAM K ESQ
401 S. LINCOLN AVE
CLEARWATER FL 33756

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 WOOD, SANDRA
STREET ADDRESS 13437 CROFT DRIVE
CITY-ST-ZIP LARGO FL 33774

TITLE D
NAME WOOD, WILLIAM F
STREET ADDRESS 13437 CROFT DRIVE
CITY-ST-ZIP LARGO FL 33774

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Pres.
NAME Sandra Wood
STREET ADDRESS 13437 Croft Dr.
CITY-ST-ZIP Largo, FL 33774

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

Sandra L Wood

SANDRA L. WOOD

02/19/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)

0374439