

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P0000091206
 1. Entity Name
OZARK HARDWOODS, INC.

Principal Place of Business 5991 W. 9 MILE ROAD PENSACOLA FL 32526	Mailing Address 5991 W. 9 MILE ROAD PENSACOLA FL 32526
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2. Principal Place of Business <i>5991 W. NINE MILE RD</i>	3. Mailing Address <i>SAME</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <i>PENSACOLA FL.</i>	City & State	4. FEI Number 59-3683536	Applied For Not Applicable
Zip <i>32526</i>	Country <i>ESCAMBIA</i>	Zip	Country

6. Name and Address of Current Registered Agent

**PASSAUR, JOHN G
5991 W. 9 MILE ROAD
PENSACOLA FL 32526**

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]* DATE *10-24-01*

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	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. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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 ****750.00 ****750.00

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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]* **RICHARD PASSAUR** DATE: *10-24-01* 850-941-0308

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED
 01 OCT 30 PM 1:38
 SECRETARY OF STATE
 TALLAHASSEE FLORIDA



REINSTATEMENT 2001

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CR2E034 (5/01)