2001 UNIFORM BUSINESS REPORT (UBR)

Aug 21, 2001 8:00 am Secretary of State P00000095525 **DOCUMENT #** 1. Entity Name WOOD N' DOWEL, INC. 08-21-2001 90003 032 ***550 00 Principal Place of Business Mailing Address 105 SE 7TH STREET SUITE 20 105 SE 7TH STREET SUITE 20 977819 DEERFIELD BEACH FL 33441 DEERFIELD BEACH FL 33441 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-1118639 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent -Name **EMO CORPORATE SERVICES** Street Address (P.O. Box Number is Not Acceptable) 100 NE THIRD AVENUE SUITE 1100 FORT LAUDERDALE FL 33301 City 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 FILE NOW!!! FEE IS \$550.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After September 12, 2001 Fee will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Addition GORANSON, MARK NAME NAME STREET ADDRESS. 105 SE 7TH STREET SUITE 20 STREET ADDRESS CITY-ST-ZIP DEERFIELD BEACH FL 33441 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME ROGERS, LISA NAME STREET ADDRESS 105 SE 7TH STREET SUITE 20 STREET ADDRESS CITY-ST-ZIP DEERFIELD BEACH FL 33441 CITY-ST-ZIP TITLE ☐ Delete TITLE . ☐ Change ☐ Addition NAME -- -NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITI F ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME

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 indirective 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

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

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, <u> </u>	6. Name and Address of Curi	rent Registered Agent		- -	7. Name an	d Address of New Reg			
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1211 THE PLAZA				Street Addres	SECTE O. Box Numl	er is Not Acceptable)	E'NOR	7H	
SING	GER FL 33404				•				
				City (1)	PITER	_	FL ZZZ	5478	
8. The above	named entity submits this stateme	ent for the purpose of chang	ing its registered				ia.		
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13. I hereby of	i certify that the information supplied on this report or supplemental repo	with this filing does not qua	lify for the exem	ption stated in	Section 119.07(3)(i), Florida Statutes. I fu	rther certify that the	information	
of the cor	poration or the receiver or trustee e or on an attachment with an addre	empowered to execute this	report as require	d by Chapter (607, Florida Statut	es; and that my name a	ppears in Block 11 c	or Block 12 if	