FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90159 008 ***150.00

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2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000109746

1. Entity Name
UNLIMITED WOODWORK OF FLORIDA, INC.

Principal Place of Business	Mailing Address
~~1584 N.W. 29TH STREET~~	~~1584 N.W. 29TH STREET~~
~~MIAMI, FL 33142~~	~~MIAMI, FL 33142~~

1918 NW 21 ST MIAMI, FL 33142

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-1067224 ☐ Applied For ☐ Not Applicable

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
YUDICE, SANDRA 1918 NW 21 ST MIAMI, FL 33142	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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PSTD YUDICE, SANDRA ~~1584 N.W. 29TH STREET~~ ~~MIAMI, FL 33142~~ ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	1918 NW 21 ST MIAMI FL 33142 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD YUDICE, DOUGLAS R ~~1584 N.W. 29TH STREET~~ ~~MIAMI, FL 33142~~ ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	1918 NW 21 ST MIAMI FL 33142 ☒ Change ☐ Addition
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CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: ______ 3/18/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #