

02-03  
**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

FILED

DOCUMENT # *P01000007568*

1. Entity Name

*Iwood Constructors, Inc.*



03 MAY 27 PM 12:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

*2314 50th Terr Sw*

Suite, Apt. #, etc.

3. Mailing Address

*6017 Pine Ridge Rd*

Suite, Apt. #, etc.

*# 271*

City & State

*Naples Florida*

City & State

*Naples Florida*

Zip

*34116*

Country

*USA*

Zip

*34119*

Country

*USA*

4. FEI Number

*65-1068937*

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

*William W. McKenzie*

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

*2314 50th Terr Sw*

City

*Naples*

FL

Zip Code

*34119*

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

*William W. McKenzie, president William W. McKenzie JR 5-14-03*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE	<i>President</i>
NAME	<i>William W McKenzie</i>
STREET ADDRESS	<i>6017 Pine Ridge Rd #271</i>
CITY-ST-ZIP	<i>Naples FL 34119</i>
TITLE	<i>Secretary</i>
NAME	<i>William W McKenzie</i>
STREET ADDRESS	<i>6017 Pine Ridge Rd #271</i>
CITY-ST-ZIP	<i>Naples FL 34119</i>
TITLE	<i>Treasurer</i>
NAME	<i>William W McKenzie</i>
STREET ADDRESS	<i>6017 Pine Ridge Rd #271</i>
CITY-ST-ZIP	<i>Naples FL 34119</i>
TITLE	
NAME	
STREET ADDRESS	
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CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

*William W. McKenzie, president William W. McKenzie JR 5-14-03 239-860-5366*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)

91-129

attachment

#PO1000007568

IWOOD Constructors inc.

6017 Pine Ridge Rd. # 271

Naples, FL.

34119.

Phone: (239) 353-6686

Fax: (239) 353-4858

Mobile: (239) 860-5366

iwoodframe@earthlink.net

5-14-03

Dear Florida Dept of State,

yesterday my accountant contacted your office in reference to Iwood Constructors, Inc.'s uniform business reports. Your office requested we enclose 2 checks for the amount of \$150<sup>00</sup> each. I also enclosed a check for \$8.75 for a status certificate. I apologize for not receiving the appropriate forms and was able to print them off your web site and send them off to you.

Any questions please feel free to call my mobile # above.

Thank you very much.

Bill McKenzie, president

Bill McKenzie, *mm*

Iwood Constructors, Inc.