

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000018947

1. Entity Name
STRUCTURE WOODCRAFT, INC.

Principal Place of Business
4874 N E 12TH AVENUE
OAKLAND PARK FL 33334

Mailing Address
4874 N E 12TH AVENUE
OAKLAND PARK FL 33334

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1131726

☒ 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

WOODSON, MICAH L

9893 THREE LAKE CIRCLE 10267 Boca Bend West
BOCA RATON FL 33428 #29

Boca Raton, FL 33428

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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME WOODSON, MICAH L
STREET ADDRESS 9893 THREE LAKE CIRCLE
CITY-STATE-ZIP BOCA RATON FL 33428 West #29

☐ Delete

TITLE
NAME
STREET ADDRESS
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☐ Change

☐ Addition

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☐ Change

☐ Addition

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:

SIGNATURE REQUIRED

Micah Woodson 4/23/2002 (501) 756-2451

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)

FILED
Jun 02, 2002 8:00 am
Secretary of State

05-14-2002 90305 013 ***150.00

DO NOT WRITE IN THIS SPACE