2004

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

04 JUN -4 PM 3:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000057028

1. Entity Name

J.A.R. WOOD FINISHING CORPORATION

[redacted]

66426040

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
323 BURNT PINE DR	323 BURNT PINE DR
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: NAPLES FLORIDA	City & State: NAPLES FL
Zip: 34119 Country: USA	Zip: 34119 Country: USA

4. FEI Number: 65-1107968 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: JOSE ROMERO

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

323 BURNT PINE DR

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: Jose' Romero JOSE ROMERO APRIL 25, 2004

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 NAME STREET ADDRESS CITY-ST-ZIP	RA 323 BURNT PINE DR NAPLES FL 34119
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT DIRECTOR JOSE ROMERO 323 BURNT PINE DR NAPLES FL 34119
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	200034818252 04/30/04--01020--014 **158.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT/DIRECTOR JOSE ROMERO 323 BURNT PINE DR NAPLES FL 34119
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	6/4

CR2E034B (12/02)

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

SIGNATURE: Jose' Romero JOSE ROMERO APRIL 25, (239) 398-7103

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