

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90166 015 ***150.00

DOCUMENT # PO10000069674 ✓

1. Entity Name

All Wood Furniture, Inc.

DO NOT WRITE IN THIS SPACE

656486

2. Principal Place of Business

2289 E. SEMORAN Blvd

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Apopka, FL

City & State

Zip 32703-5712

Country

USA

Zip

Country

4. FEI Number

59-3734124

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Mark T. Ormond

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

7510 W. CARACAS ST.

City

Tampa

FL

Zip Code

33615

**DO NOT WRITE
IN THIS SPACE**

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) ☐

**January 1 - May 1 Fee is \$150.00
After May 1 Fee is \$550.00
Amended UBR is \$61.25
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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

President / CEO
Mark T. Ormond
7510 W. CARACAS ST.
Tampa, FL 33615

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

Secretary / Treasurer
Joy Ormond
7510 W. CARACAS ST.
Tampa, FL 33615

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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

SIGNATURE: Mark T. Ormond

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mark T. Ormond

Date

Daytime Phone #

4/25/02 407 886 9664

CR2E034B (12/01)