

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 25, 2002 8:00 am
Secretary of State
 03-25-2002 90134 013 ***150.00

DOCUMENT # P01000092428

1. Entity Name
WOODWORK SOLUTIONS INCORPORATED

Principal Place of Business

**1226 ROWAYTON CIRCLE
 WELLINGTON FL 33414**

Mailing Address

**1226 ROWAYTON CIRCLE
 WELLINGTON FL 33414**

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

65-1146508

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
 Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**JANSEN, MATTHEW J
 1226 ROWAYTON CIRCLE
 WELLINGTON FL 33414**

7. Name and Address of New Registered Agent

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: MATTHEW J JANSEN

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

Matthew Jansen

(NOTE: Registered Agent signature required when reinstating)

3/09/02

DATE

**9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back)**

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**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.**

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**\$5.00 May Be
 Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE D
NAME JANSEN, MELISSA S
STREET ADDRESS 1226 ROWAYTON CIRCLE
CITY-ST-ZIP WELLINGTON FL 33414

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D/V/S
NAME JANSEN, MELISSA S
STREET ADDRESS 1226 Rowayton Circle
CITY-ST-ZIP Wellington FL 33414

☒ Change

☐ Addition

TITLE P
NAME Jansen MATTHEW J
STREET ADDRESS 1226 Rowayton Circle
CITY-ST-ZIP Wellington FL 33414

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TITLE
NAME
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CR2E034 (9/01)

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: Matthew Jansen

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

561-635-8759