

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 90723 023 \*\*\*150.00

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**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

**1818 7th AVE NORTH**

Suite, Apt. #, etc.

**C**

3. Mailing Address

**1818 7th AVE NORTH**

Suite, Apt. #, etc.

**C**

City & State

**LAKE WORTH FL.**

City & State

**LAKE WORTH FL.**

Zip

**33461**

Country

Zip

**33461**

Country

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

**65-1146508**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Matthew Jansen*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**4/26/03**

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**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

☐ Delete

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

☐ Delete

**P  
NAME JANSEN, MATTHEW J  
STREET ADDRESS 1226 ROWAYTON CIRCLE  
CITY-ST-ZIP WELLINGTON FL 33414**

☒ Delete

**TITLE  
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

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**TITLE  
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CITY-ST-ZIP**

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 Block 11 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

**4/26/03**

DATE

**501-510-4460**

Daytime Phone #

CR2E034 (10/02)