

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 16, 2002 8:00 am
Secretary of State

09-16-2002 90111 029 ***158.75

DOCUMENT # P01000101357

1. Entity Name
JCNL WOOD PRODUCTS, INC.

Principal Place of Business

**250 LEMON BLUFF RD.
 OSTEEN FL 32764**

Mailing Address

**250 LEMON BLUFF RD.
 OSTEEN FL 32764**

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

59-3750077

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

7. Name and Address of New Registered Agent

**SUTTON, CHARLES H JR.
 250 LEMON BLUFF RD.
 OSTEEN FL 32764**

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

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 \$550.00
 After September 13, 2002 Fee will be \$750.00
 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 **D** ☐ Delete
 NAME **SUTTON, CHARLES H JR.**
 STREET ADDRESS **250 LEMON BLUFF RD.**
 CITY-ST-ZIP **OSTEEN FL 32764**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **Vice President** ☐ Delete
 NAME **Jennifer K. Sutton**
 STREET ADDRESS **250 Lemon Bluff Rd.**
 CITY-ST-ZIP **Osteen, FL 32764**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
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 CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9-12-02

407-322-8040

CR2E034 (4/02)

Attachment
D#P0100101357

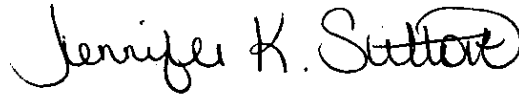
872072

September 12, 2002

To: Florida Department of State
Attention: Division of Corporations

I am writing this letter requesting that the late fee be waived, due to the fact that we did not receive the prior notice. I was not aware of this matter until this notice. If you have any questions please call me at the office #407-322-8040.

Thank You,

A handwritten signature in cursive script that reads "Jennifer K. Sutton". The signature is written in dark ink and is positioned above the printed name.

Jennifer K. Sutton
Vice President