

2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 10, 2003 8:00 am
Secretary of State
 07-10-2003 90116 020 ***150.00

DOCUMENT# P02000012478

1. Entity Name

JG WOODWORK, INC.

Principal Place of Business

**3148 N DIXIE HWY
 BOCA RATON FL 33431**

Mailing Address

**3148 N DIXIE HWY
 BOCA RATON FL 33431**

2. Principal Place of Business

Suite Apt #, etc.

City & State

Zip

Country

3. Mailing Address

Suite Apt. #. etc.

City & State

Zip

Country

DO NOT WRITE IN THIS SPACE

4. FEI Number

02-0540049

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**TAX HOUSE CORPORATION
 3929 N. FEDERAL HWY.
 POMPANO BEACH FL 33064**

7. Name and Address of New Registered Agent

Name

TAX HOUSE CORPORATION

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

1261 E SAMPLE ROAD

City

POMPANO BEACH

FL

Zip Code

33064

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)

07/03/03

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 \$150.00
 After MAY 1, 2003 Fee will be \$550.00
 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

TITLE **PT** ☐ Delete
 NAME **BECKHAUSER, GILMAR**
 STREET ADDRESS **3148 N DIXIE HWY**
 CITY-ST-ZIP **BOCA RATON FL 33431**

TITLE **PS** ☒ Delete
 NAME **COELHO, JOEL ROGERIO**
 STREET ADDRESS **3148 N DIXIE HWY**
 CITY-ST-ZIP **BOCA RATON FL 33431**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS /CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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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 19.07(3)(1), 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 N 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

07/03/03

Date

Daytime Phone #