

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

5/17

FILED
Jun 02, 2003 8:00 am
Secretary of State

05-01-2003 90387 015 ***150.00

DOCUMENT # P02000019339

1. Entity Name
FINE WOOD CONCEPTS, INC.



Principal Place of Business
3423 RANCH RD.
VALRICO FL 33594

Mailing Address
3423 RANCH RD.
VALRICO FL 33594

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

82-0547945

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

MARTIN, ERIC
3423 RANCH RD.
VALRICO FL 33594

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

TITLE: Owner ☐ Delete
NAME: Eric L. Martin
STREET ADDRESS: 3423 Ranch Rd
CITY-ST-ZIP: Valrico, FL 33594

TITLE: Owner ☐ Delete
NAME: Daniel Heim
STREET ADDRESS: 3423 Ranch Rd
CITY-ST-ZIP: Valrico, FL 33594

TITLE: Treasurer ☐ Delete
NAME: Brenda Martin
STREET ADDRESS: 3423 Ranch Rd
CITY-ST-ZIP: Valrico, FL 33594

TITLE: ☐ Delete
NAME: !
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

11. 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:

TITLE: ☐ Change ☐ Addition
NAME:
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CITY-ST-ZIP:

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STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
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: SIGNATURE REQUIRED. Martin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/03
Date

(813) 681-8444
Daytime Phone

CR2E034 (10/02)