

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2003 8:00 am
Secretary of State

0188540 AV

04-25-2003 90185 023 ***150.00

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1. Entity Name
EXPRESSIONS IN WOOD, INCORPORATED

Principal Place of Business
**4270 NW 19TH AVE
A&B
POMPANO BEACH FL 33064
US**

Mailing Address
**4270 NW 19TH AVE
A&B
POMPANO BEACH FL 33064
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

27-002661

Applied For
Not Applicable

CHECK HERE IF MAKING CHANGES

Zip Country

Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~RAINES, NIKKI~~
~~4270 NW 19TH AVE~~
~~# A&B~~
~~POMPANO BEACH, FL FL 33064~~

Name **SCOTT RAINES**

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

Same

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 **4/22/03**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** Delete
NAME **RAINES, SCOTT**
STREET ADDRESS **4270 NW 19TH AVE # A&B**
CITY-ST-ZIP **POMPANO BEACH FL 33064**

TITLE Change Addition
NAME **RAINES, SCOTT PMS**
STREET ADDRESS **4270 NW 19TH AVE # A&B**
CITY-ST-ZIP **POMPANO BEACH, FL 33064**

TITLE **V** Delete
NAME **RAINES, JOAN**
STREET ADDRESS **4270 NW 19TH AVE # A&B**
CITY-ST-ZIP **POMPANO BEACH FL 33064**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
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STREET ADDRESS
CITY-ST-ZIP

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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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **4/22/03** DAYTIME PHONE # **954-988-0005**

CR2E034 (10/02)