

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P02000024951

FILED  
Mar 03, 2003  
Secretary of State

Entity Name: TISON-DEMAR WOODWORKS INC.

## Current Principal Place of Business:

2406 LIBERTY STREET NORTH  
JACKSONVILLE, FL 32206

## New Principal Place of Business:

## Current Mailing Address:

2406 LIBERTY STREET NORTH  
JACKSONVILLE, FL 32206

## New Mailing Address:

FEI Number: 01-0635598

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CUMMINGS, RUSSELL W  
2406 LIBERTY STREET NORTH  
JACKSONVILLE, FL 32206

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: THOMAS, ROBERT D  
Address: 9967 LEAHY ROAD  
City-St-Zip: JACKSONVILLE, FL 32246

Title: V ( ) Delete  
Name: CUMMINGS, CLYDE T  
Address: 5529 RIVER FOREST DRIVE  
City-St-Zip: JACKSONVILLE, FL 32211

Title: S (X) Delete  
Name: CUMMINGS, DENISE R  
Address: 5529 RIVER FOREST DRIVE  
City-St-Zip: JACKSONVILLE, FL 32211

Title: T (X) Delete  
Name: THOMAS, PAULINE E  
Address: 9967 LEAHY ROAD  
City-St-Zip: JACKSONVILLE, FL 32246

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition  
Name: CUMMINGS, CLYDE T  
Address: 5529 RIVER FOREST DRIVE  
City-St-Zip: JACKSONVILLE, FL 32211

Title: VP (X) Change ( ) Addition  
Name: THOMAS, ROBERT D  
Address: 9967 LEAHY ROAD  
City-St-Zip: JACKSONVILLE, FL 32246

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CLYDE T CUMMINGS

PRES

03/03/2003

Electronic Signature of Signing Officer or Director

Date