

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

03-03-2003 90853 031 \*\*\*150.00

<b>DOCUMENT #</b> P02000036962			
<b>1. Entity Name</b> LUMBER SHAPERS, INC.			
<b>Principal Place of Business</b> 804 OLD DIXIE HWY. STE 2 LAKE PARK FL 33403 806 OLD DIXIE HWY STE #2 LAKE PARK FL 33403		<b>Mailing Address</b> 804 OLD DIXIE HWY. STE 2 LAKE PARK FL 33403 806 OLD DIXIE HWY #4 LAKE PARK FL 33403	
<b>2. Principal Place of Business</b>  Suite, Apt. #, etc.  City & State  Zip Country		<b>3. Mailing Address</b>  Suite, Apt. #, etc.  City & State  Zip Country	
		<input type="checkbox"/> CHECK HERE IF MAKING CHANGES	
		<b>4. FEI Number</b> 010680937	
		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> \$8.75 Additional Fee Required	
<b>6. Name and Address of Current Registered Agent</b>  IRELAND, BRIAN 804 OLD DIXIE HWY, STE 2 LAKE PARK FL 33403 806 OLD DIXIE HWY #4 LAKE PARK FL 33403		<b>7. Name and Address of New Registered Agent</b>  Name Street Address (P.O. Box Number is Not Acceptable)  City FL Zip Code	
<b>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.</b> <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;">           SIGNATURE  </div> <div style="width: 40%; text-align: center;">           (NOTE: Registered Agent signature required when reinstating)         </div> <div style="width: 20%; text-align: right;">           DATE 02-28-03         </div> </div>			
<b>FILE NOW!!! FEE IS \$150.00</b> After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPVS IRELAND, BRIAN 804 OLD DIXIE HWY STE 2 LAKE PARK FL 33403 806 OLD DIXIE HWY #4 LAKE PARK FL 33403	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>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.</b>			
<b>SIGNATURE:</b>		<b>DATE:</b> 02-28-03	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

CR2E034 (10/02)