

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90256 015 ***150.00

DOCUMENT # P02000059725

1. Entity Name

WOODWORK BY RON, INC.



Principal Place of Business

7020 CAPTAIN KIDD AVE #70
SARASOTA FL 34231

Mailing Address

7020 CAPTAIN KIDD AVE #70
SARASOTA FL 34231

2. Principal Place of Business

4553 Mariotti Ct

3. Mailing Address

4553 Mariotti Ct

Suite, Apt. #, etc.

Suite, Apt. #, etc.

105

105

City & State

Sarasota FL

City & State

Sarasota FL

Zip

34233

Country

Sarasota

Zip

34233

Country

Sarasota

4. FEI Number

03-0465580

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

TUCKER, MARIA

7020 CAPTAIN KIDD AVE #70

SARASOTA FL 34231

Name

Maria Tucker

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

4553 Mariotti Ct Ste 105

City

Sarasota

FL

Zip Code

34233

7. Name and Address of New Registered Agent

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 ☐ Delete
NAME President
STREET ADDRESS Ronney Tucker
CITY-ST-ZIP 4553 Mariotti Ct Ste 105
Sarasota FL 34233

TITLE ☐ Delete
NAME V. Pres.
STREET ADDRESS Maria Tucker
CITY-ST-ZIP 4553 Mariotti Ct Ste 105
Sarasota FL 34233

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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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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 RERONRTUCKER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/03 941-927-6787

Date Daytime Phone #

CR2E034 (10/02)