


**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Aug 29, 2005 8:00 am**  
**Secretary of State**

08-29-2005 90145 013 \*\*\*150.00

DOCUMENT # PO4000167362

1. Entity Name  
HARDWOOD ROPE and MOLDING, INC.



**DO NOT WRITE IN THIS SPACE**

**50063815**

2. Principal Place of Business  
29 MICHIGAN DR.

3. Mailing Address  
29 MICHIGAN DR.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
INGLIS

City & State  
INGLIS

Zip  
34449

Country  
U.S.A.

4. FEI Number  
76-0777843

Applied For  
 Not Applicable

**DO NOT WRITE  
IN THIS SPACE**

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

7. Name and Address of Current Registered Agent

Name  
ROBERT KIRBY DICKMAN

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

City  
INGLIS FL Zip Code  
34449

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
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 NAME STREET ADDRESS CITY-ST-ZIP	<u>PRESIDENT- STEVE SILVEUS</u> <u>1230 GULF BLVD, #308</u> <u>CLEARWATER BCH, FL, 33767</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>VICE-PRESIDENT- ROBERT KIRBY DICKMAN</u> <u>29 MICHIGAN DR.</u> <u>INGLIS, FL, 34449</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Robert Dickman ROBERT DICKMAN 8/19/05 352-447-2251

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT 50063815  
PO4000167362

HARDWOOD ROPE AND MOLDING  
29 MICHIGAN DRIVE  
ENGLIS, FL 34449

SORRY THIS FORM  
WAS FILED LATE - BECAUSE  
WE DIDN'T ACTUALLY START  
THE BUSINESS UNTIL MID-

Request taken by: Isellers  
08-16-2005

FEBRUARY, 2005, I DIDN'T  
REALIZE WE NEEDED TO

The forms you recently requested from this office are:

(1) 201. COR Profit A/R

FILE A 2004 U.B.R.

I WOULD LIKE TO APPLY

Should you have any questions or need any further information,  
please contact us at the address below:

Division of Corporations - P.O. BOX 6327 - Tallahassee FL 32314

FOR A WAIVER

OFF THE \$400 LATE

FEE.

THANK YOU,

BOB DICKMAN