

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2001 8:00 am
Secretary of State
 04-23-2001 90158 024 ***158.75

DOCUMENT # P95000019445

1. Entity Name
ALL WOOD FLOORING INCORPORATION

Principal Place of Business
**17600 ROCKEFELLER CIR.
 FT MYERS FL 33912
 US**

Mailing Address
**17600 ROCKEFELLER CIR.
 FT MYERS FL 33912
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0586465**

Applied For
 Not Applicable

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

BARROWS, DOUG
~~10753 SPRUCE DRIVE WEST~~
FORT MYERS FL 33912

Name **DOUGLAS BARROWS**
 Street Address (P.O. Box Number is Not Acceptable)
17600 ROCKEFELLER CIRCLE
 City **FT. MYERS** FL **33912**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

*9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D**
 NAME **BARROWS, DOUG** ☐ Delete
 STREET ADDRESS ~~10753 SPRUCE DRIVE WEST~~
 CITY-ST-ZIP **FORT MYERS FL 33912**

TITLE **BARROWS DOUGLAS** ☐ Change ☐ Addition
 NAME **BARROWS DOUGLAS**
 STREET ADDRESS **17600 ROCKEFELLER CIRCLE**
 CITY-ST-ZIP **FT. MYERS FL. 33912**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 STREET ADDRESS
 CITY-ST-ZIP

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 STREET ADDRESS
 CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)

0387387