

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 26, 2000 8:00 am
Secretary of State

01-26-2000 90201 039 ***150.00

DOCUMENT # P95000057606

1. Entity Name

WOODMARK CONSTRUCTION, INC.

Principal Place of Business

Mailing Address

6 BEAGLES REST
 ORMOND BEACH FL 32174
 US

P O BOX 730299
 ORMOND BEACH FL 32173-0299
 US

000116



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3329585**

Applied For

Not Applied

Zip

Country

Zip

Country

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

JANZEN, STAN D
6 BEAGLES REST
ORMOND BEACH FL 32174

Name

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

City

FL

Zip Code

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, 2000 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 Delete
 NAME **PT**
 STREET ADDRESS **JANZEN, STAN**
 CITY-ST-ZIP **6 BEAGLES REST**
ORMOND BEACH FL 32174

TITLE Change Additor
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **S**
 STREET ADDRESS **JANZEN, DIANA L**
 CITY-ST-ZIP **6 BEAGLES REST**
ORMOND BEACH FL 32174

TITLE Change Additor
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
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TITLE Change Additor
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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:

Stan Janzen **SIGNATURE REQUIRED** **Janzen, President**

Date

Daytime Phone #

1/17/2000

904-676-3122