## 2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an

SIGNATURE:

## Apr 17, 2002 8:00 am Secretary of State DOCUMENT # P95000057606 1. Entity Name 04-17-2002 90002 014 \*\*\*150.00 WOODMARK CONSTRUCTION, INC. Principal Place of Business Mailing Address 6 BEAGLES REST P O BOX: 730299 ORMOND BEACH FL 32174 ORMOND BEACH FL 32173-0299 US. 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-3329585 Not Applicable Country \$8.75 Additional Zip Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent JANZEN, STAN D Street Address (P.O. Box Number is Not Acceptable) **6 BEAGLES REST ORMOND BEACH FL 32174** Zip Code City 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. (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Change ☐ Addition CR2E034 (9/01 TITLE TITLE □ Delete NAME NAME JANZEN, STAN STREET ADDRESS STREET ADDRESS **6 BEAGLES REST** CITY-ST-ZIP CITY-ST-ZIP ORMOND BEACH FL 32174 ☐ Addition Change ☐ Delete TITLE PT NAME NAME JANZEN, STAN STREET ADDRESS STREET ADDRESS **6 BEAGLES REST** CITY-ST-ZIP CITY-ST-ZIP ORMOND BEACH FL 32174 □ Change Addition TITLE ☐ Delete TITLE Š NAME NAME JANZEN, DIANA L STREET ADDRESS STREET ADDRESS **6 BEAGLES REST** CITY-ST-ZIP CITY-ST-ZIP ORMOND BEACH FL 32174 ☐ Addition Change TITLE TITLE Delete NAME NAME MILLER. TIM STREET ADDRESS STREET ADDRESS **198 PALMETTO PINES** CITY-ST-ZIP CITY-ST-ZIP <u>ORMOND BEACH FL 32174</u> ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE TITLE □ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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

all other like empowered.

FILED