

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000047542

1. Entity Name  
**FONTANA WOODWORKS, INC.**

**FILED**  
**Feb 09, 2000 8:00 am**  
**Secretary of State**

02-09-2000 90379 016 \*\*\*150.00

Principal Place of Business      Mailing Address  
3263 SW 14TH PLACE      3263 SW 14TH PLACE  
BOYNTON BEACH FL 33426      BOYNTON BEACH FL 33426-9008



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      Applied For  
**65-0354725**      Not Applicable  
~~65-0728347~~

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

FONTANA, SAM  
3263 SW 14TH PLACE  
BOYNTON BEACH FL 33426  
*ADDRESS CHANGE ONLY*

Name  
**SAM FONTANA**  
Street Address (P.O. Box Number is Not Acceptable)  
**3263 S.W. 14TH PL**  
**BOYNTON BEACH FLA**  
City      FL      Zip Code  
**33426**

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 Sam Fontana  
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.

**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

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TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVT FONTANA, SAM 1018 NE 9 AVE APT 1 DLERAY BEACH FL 33483-5829 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SAM FONTANA 3263 S.W. 14TH PL BOYNTON BEACH FLA 33426 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: SAM FONTANA      Sam Fontana      2-4-2000      561-364-8075  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (9/99)