

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 14, 2003 8:00 am**  
**Secretary of State**

04-14-2003 90211 043 \*\*\*150.00

**DOCUMENT # P96000061859**

1. Entity Name

**INTERNATIONAL MAHOGANY MILLWORK, INC.**



Principal Place of Business

**KM7 CARRETERA A LA LIMA - ZIP CALPULES  
SAN PEDRO SULA, HONDURAS  
CENTRAL AMERICA**

Mailing Address

**7350 S. TAMiami TRAIL  
#219  
SARASOTA FL 34231**

2. Principal Place of Business

3. Mailing Address

**360 CENTRAL AVE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**SUITE 1320**

City & State

City & State

**ST. PETERSBURG, FL**

Zip

Country

Zip

Country

**33701**

**USA**

4. FEI Number

**59-3406421**

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

**CT CORPORATION SYSTEM**

**1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

Name

**G. KRISTIN DELANO**

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

**360 CENTRAL AVE**

**SUITE 1320**

City

**ST. PETERSBURG**

FL

Zip Code

**33701**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**4/9/03**

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME **PD**  
STREET ADDRESS **HARTSOCK, BILL JR**  
CITY-ST-ZIP **7667 MARKET STREET  
CANTON MI 48187**

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

TITLE ☐ Delete  
NAME **VD**  
STREET ADDRESS **PINKERTON, CHARLES A III**  
CITY-ST-ZIP **600 EAGLE WATCH LANE  
OSPREY FL 34229**

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

TITLE ☐ Delete  
NAME **SD**  
STREET ADDRESS **BIBER, MICHAEL J**  
CITY-ST-ZIP **600 EAGLE WATCH LANE  
OSPREY FL 34229**

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

TITLE ☐ Delete  
NAME **V**  
STREET ADDRESS **OLCOZ, PEDRO**  
CITY-ST-ZIP **KM 7 CARRETERA A LA LIMA - ZIP CALPULES  
SAN PEDRO SULA, HONDURAS C A**

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

TITLE ☐ Delete  
NAME **T**  
STREET ADDRESS **PITZ, JAMES P**  
CITY-ST-ZIP **1424 STRAITS DRIVE  
BAY CITY MI 48706**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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

SIGNATURE:

**SIGNATURE REQUIRED**

**3-24-03**

Date

Daytime Phone #

CR2E034 (10/02)