

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000066982

1. Entity Name

ED-WOOD CUSTOM CABINETRY, INC.

**FILED**  
**Aug 29, 2000 8:00 am**  
**Secretary of State**

08-29-2000 90003 040 \*\*\*150.00

Principal Place of Business

470 CURRY CIRCLE  
MARGATE FL 33068

Mailing Address

470 CURRY CIRCLE  
MARGATE FL 33068

2. Principal Place of Business

4619 NW 8th Ave.

3. Mailing Address

4619 NW 8th Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Ft. Lauderdale, FL

City & State

Ft. Lauderdale, FL

4. FEI Number

65-0689309

Applied For

Not Applicable

Zip

33309

Country

Zip

33309

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

ANDERSON, EDDY  
470 CURRY CIRCLE  
MARGATE FL 33068

7. Name and Address of New Registered Agent

Name

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

4619 NW 8th Ave.

City

Ft. Lauderdale FL

FL

Zip Code

33309

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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

TITLE PSTD ☐ Delete  
NAME ANDERSON, EDDY  
STREET ADDRESS 470 CURRY CIRCLE  
CITY-ST-ZIP MARGATE FL 33068

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 4619 NW 8th Ave.  
CITY-ST-ZIP Ft. Lauderdale, FL 33309

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

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

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

TITLE ☐ Change ☐ Addition  
NAME  
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 (5/00)

Attachment Doc #  
PA6000066982  
Db672095

**ED-WOOD CABINETRY, INC.**  
4619 NW 8<sup>TH</sup> AVE.  
FORT LAUDERDALE, FL. 33309

August 21, 2000

Dear Sir,

I did not receive initial form 2000 Uniform Business Report this year. Please update your records to reflect my business address. Also I am enclosing a check for \$150.00 for full payment of my filing fees. Thank you for your kind assistance with this matter.

Sincerely Yours,

A handwritten signature in black ink, appearing to read 'Eddy Anderson', with a long horizontal flourish extending to the right.

Eddy Anderson  
President