2000 UNIFORM BUSINESS REPORT (UBR)

of the corporation or the receiver or trustee empowered to execute this copie.

changed, or on an attachment with an address, with all other like empowered PRESIDENT

ED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED DOCUMENT # P96000082595 Feb 04, 2000 8:00 am **Secretary of State** S & P WOODWORKS, INC. 02-04-2000 90002 028 ***150.00 Principal Place of Business Mailing Address 2545 ASHTON ROAD 2545 ASHTON ROAD SARASOTA FL 34231-5154 SARASOTA FL 34241 AUUTDAAƏ 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0705335 Not Applicable Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SIMON, DAVID S ESQ. Street Address (P.O. Box Number is Not Acceptable) 523 SOUTH WASHINGTON BLVD. SARASOTA FL 34236 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. ·27·2000 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Addition ☐ Change TITLE ☐ Delete TITLE SPRUILL, SAM H NAME NAME 2545 ASHTON ROAD STREET ADDRESS STREET ADDRESS SARASOTA FL 34241 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete [Addition TITLE DARROHN, MICHAEL NAME NAME STREET ADDRESS 2100 BOUGAINVILLEA STREET STREET ADDRESS CITY-ST-7IP SARASOTA FL 34239 CITY-ST-ZIP TITLE Delete TITLE NAME NAME -STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7(P Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/8 CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAMÉ NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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