

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 08, 2001 8:00 am
Secretary of State

03-08-2001 90107 049 ***150.00

DOCUMENT # P97000004535
 1. Entity Name
FIRWOOD, INC.

Principal Place of Business Mailing Address
 1222 S.E. 47TH ST. 1222 S.E. 47TH ST.
 SUITE 204 STE 108
 CAPE CORAL FL 33904 CAPE CORAL FL 33904
 US US

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

4. FEI Number **65-0733427** Applied For
 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
RAMON CARRION, P.A.
28100 U.S. 19 NORTH #502
CLEARWATER FL 34621

7. Name and Address of New Registered Agent
 Name **John A. Elmer**
 Street Address (P.O. Box Number is Not Acceptable)
1290 Driftwood Dr.
 City **North Fort Myers** **FL** Zip Code **33903**

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 DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 \$150.00
After MAY 1, 2001 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		<input type="checkbox"/> Delete
TITLE	VP	<input type="checkbox"/>
NAME	ELMER, GAIL LINDSEY M	
STREET ADDRESS	619 S.E. 29TH ST.	
CITY-ST-ZIP	CAPE CORAL FL 33904	
TITLE	P	<input type="checkbox"/>
NAME	ELMER, JOHN A	
STREET ADDRESS	619 SE 29TH ST	
CITY-ST-ZIP	CAPE CORAL FL 33904	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	VP	<input checked="" type="checkbox"/>	<input type="checkbox"/>
NAME	Elmer, Gail Lindsey M		
STREET ADDRESS	1290 Driftwood Dr		
CITY-ST-ZIP	North Fort Myers, FL 33903		
TITLE	P	<input checked="" type="checkbox"/>	<input type="checkbox"/>
NAME	Elmer, John A		
STREET ADDRESS	1290 Driftwood Dr		
CITY-ST-ZIP	North Fort Myers, FL 33903		
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
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: Date **1/9/01** Daytime Phone # **941-945-6243**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)