FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2003 8:00 am
Secretary of State
05-21-2003 90083 023 ***150.00

DOCUMENT # P97000016114

1. Entity Name

ORIGINAL WOODEN CREATIONS, INC.

DO NOT WRITE IN THIS SPACE

90137078

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address	4. FEI Number
6748 LIBERTY ST.	6748 LIBERTY ST.	65-0729790
Suite, Apt. #, etc.	Suite, Apt. #, etc.	☐ Applied For ☐ Not Applicable
City & State: NAVARRE FL.	City & State: NAVARRE FL.	
Zip: 32566 Country: USA	Zip: 32566 Country: USA	5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: AMERILAWYERS CHARTERED

Street Address (P.O. Box Number is Not Acceptable): 343 ALMERIA AVENUE

City: CORAL GABLES FL Zip Code: 33134

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

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
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

TITLE	PSTD
NAME	ROSS, WILLIAM HARRIS
STREET ADDRESS	6748 LIBERTY ST
CITY-ST-ZIP	NAVARRE, FL. 32566
TITLE	
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CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM H. ROSS 4/2/03 (850) 939-1813
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Attachment

90137078

#P97000016114

May 19, 2003

To whom it may Concern,

In speaking with Drew at the Division of Corporations this morning, I explained that I had just recieved this notice of my report being Filed with the check being unsigned. I further explained that I have been out of town for the past several weeks returning on May 12 and finding this notice. She, Drew, instructed me to forward the check with a note of explination today, and that there would be no Penalty. Please accept my apology for my error in submitting the form with the check unsigned.

Respectfully Yours

William W Ross

William W. Ross

President

Original Wooden Creations Inc.