

## 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P97000023611**1. Entity Name  
Target Woodworks, Inc.

FILED

01 JUN 27 PM 12:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDAPrincipal Place of Business  
705 E. 10th Avenue  
Hialeah, FL 33010  
Mailing Address  
705 E. 10th Avenue  
Hialeah, FL 330102. Principal Place of Business  
705 E. 10th Avenue  
3. Mailing Address  
705 E. 10th Avenue

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
Hialeah, FL  
City & State  
Hialeah, FL4. FEI Number  
**605-0750016**  
Applied For  
Not ApplicableZip  
33010  
Country  
USA  
Zip  
33010  
Country  
USA5. Certificate of Status Desired ☒ \$8.75 Additional  
Fees Required

## 6. Name and Address of Current Registered Agent

## 7. Name and Address of New Registered Agent

Lexis Document Services Inc.  
3953 W.W. Kelley Road  
Tallahassee, FL 32311Name  
Street Address (P.O. Box Number is Not Acceptable)  
City  
FL Zip Code

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 transferring)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐10. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be  
Added to Fees

## 11. OFFICERS AND DIRECTORS

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                                                |                                                                                      |                                            |
|------------------------------------------------|--------------------------------------------------------------------------------------|--------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | President<br>Arthur Cohen<br>705 East 10th Ave.<br>Hialeah, FL 33010                 | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | CEO<br>Richard A. Davis<br>818 W. Riverside, Suite 350<br>Spokane, WA 99201          | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | Vice President<br>Scott L. Davis<br>818 W. Riverside, Suite 350<br>Spokane, WA 99201 | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | Vice President<br>Leo Lopez<br>705 East 10th Ave.<br>Hialeah, FL 33010               | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | Secretary<br>Jan Plestor<br>818 W. Riverside, Suite 350<br>Spokane, WA 99201         | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | Treasurer<br>Paul Steenbluk<br>818 W. Riverside, Suite 350<br>Spokane, WA 99201      | <input checked="" type="checkbox"/> Delete |

|                                                |                                                                                              |                                                                              |
|------------------------------------------------|----------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | Secretary and Treasurer<br>Jeffrey E. Finkelstein<br>705 East 10th Ave.<br>Hialeah, FL 33010 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | Director<br>Mark E. Sullivan<br>30 Rows Wharf, Ste. 300<br>Boston, MA 02109                  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | Director<br>T. Brook Parker<br>30 Rows Wharf, Ste. 300<br>Boston, MA 02109                   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | 700004462427--1<br>-07/06/01--01065--004<br>*****8.75 *****8.75                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | 700004462427--1<br>-07/06/01--01065--005<br>*****558.80 *****558.80                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |

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

JEFFREY E. FINKELSTEIN

Date

Daytime Phone

314-725-3566

CR2E004 (1/00)