

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000039788

1. Entity Name

WOOD AND WALLS, INC.

FILED
May 30, 2000 8:00 am
Secretary of State

05-30-2000 90071 042 ***550.00

Principal Place of Business

Mailing Address

459 RUSH PARK CIRCLE
MARY ESTHER FL 32569
US

459 RUSH PARK CIRCLE
MARY ESTHER FL 32569-2405
US

2. Principal Place of Business

3. Mailing Address

585 Emerald Bay Dr
Suite, Apt. #, etc.

585 Emerald Bay Dr
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Destin, FL

City & State
Destin, FL

4. FEI Number 59-3449555

Applied For
Not Applicable

Zip
32541

Country
USA

Zip
32541

Country
USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HENLEY, LONNIE L.
459 RUSH PARK CIRCLE
MARY ESTHER FL 32569

Name

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]*

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 \$150.00
After MAY 1, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
HENLEY, LONNIE L
459 RUSH PARK CIRCLE
MARY ESTHER FL 32567 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
585 EMERALD Bay Dr.
Destin, FL 32541 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
BARNETT, BILLY R
P O BOX 6201 N/A
DESTIN FL 32541 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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CITY-ST-ZIP
☐ Delete

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

5/15/00

Date Daytime Phone #

CR2E034 (9/99)