

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 17, 2002 8:00 am**  
**Secretary of State**

05-17-2002 90041 001 \*\*\*150.00

DOCUMENT # P97000060824

1. Entity Name  
Fine Woodworking by Design, Inc.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
529 S.E. 35<sup>th</sup> Ave

3. Mailing Address  
529 SE 35<sup>th</sup> Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
Ocala, FL

City & State  
Ocala, FL

4. FEI Number  
65-0775627

Applied For  
Not Applicable

Zip  
34471

Country  
USA

Zip  
34471

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  
Winchenbach, SANDRA E.

Street Address (P.O. Box Number is not acceptable)  
529 SE 35<sup>th</sup> Ave

City  
Ocala FL 34471

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 reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
Winchenbach, SANDRA E  
529 SE 35<sup>th</sup> Ave  
Ocala, FL 34471

TITLE  
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CITY-ST-ZIP

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**DO NOT WRITE  
IN THIS SPACE**

CR2E034B (12/01)

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

SIGNATURE:

(Sandra E) Winchenbach  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/02

Date

352-694-3534

Daytime Phone #