2000 UNIFORM BUSINESS REPORT (UBR)

of the corporation or the rece changed, or on an attachme

FILED DOCUMENT # P97000072996 Apr 24, 2000 8:00 am Secretary of State ANYTHING IN WOOD INC. 04-24-2000 90100 033 ***150.00 Mailing Address Principal Place of Business 1078 SHADICK DRIVE STE H 2414 S CEDAR AVENUE SANFORD FL 32771-4244 ORANGE CITY FL 32763 HS 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-3464075 Not Applicable Country Žip Zio \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name PETTITT, ANTHONY Street Address (P.O. Box Number is Not Acceptable) 2414 S CEDAR AVENUE SANFORD FL 32771 Zip Code FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition ☐ Delete TITLE TITLE PETTIT, ANTHONY D NAME NAME STREET ADDRESS STREET ADDRESS 2414 S CEDAR AVENUE CITY-ST-ZIP CITY-ST-ZIP SANFORD FL 32771 Change Addition TITI F ☐ Delete TITLE NAME PETTIT, TERRY J NAME STREET ADDRESS 2414 S CEDAR AVENUE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF SANFORD FL 32771 ☐ Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

ge shall have the same legal effect as if made under oath; that I am an officer or director by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

/17/2000