

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 21, 2000 8:00 am
Secretary of State

04-21-2000 90109 010 ***150.00

DOCUMENT # P97000106221

1. Entity Name

UNLIMITED WOODWORKS, INC.

Principal Place of Business

Mailing Address

730 S DEERFIELD AVE. APT 10
DEERFIELD BEACH FL 33441

730 S DEERFIELD AVE. APT 10
DEERFIELD BEACH FL 33441-5362

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0803111

Applied For

Not Applicable

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

LAKE, MARK

730 S DEERFIELD AVE. APT 10
DEERFIELD BEACH FL 33441

change Address

Name

Same

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 Mark Lake

(NOTE: Registered Agent signature required when reappointing)

DATE

1-30-2000

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 ☐ Delete
NAME PD Mark
STREET ADDRESS LAKE, MARK
CITY-ST-ZIP 730 S DEERFIELD AVE, APT 10
DEERFIELD BEACH FL 33441

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

TITLE ☐ Delete
NAME STD
STREET ADDRESS LAKE, TIM
CITY-ST-ZIP 730 S DEERFIELD AVE, APT 10
DEERFIELD BEACH FL 33441

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 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: Mark Lake

Date

Daytime Phone #

1-30-2000
954-428-8112

CR2E034 (9/99)