

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 16, 2002 8:00 am
Secretary of State
 01-16-2002 90070 011 ***158.75

0327449 AV

DOCUMENT # P98000001254

1. Entity Name
INNOVATIVE WOODWORKING, INC.

Principal Place of Business

**291 NW 1ST STREET
 BAY #57
 DEERFIELD BEACH FL 33441
 US**

Mailing Address

**291 NW 1ST STREET
 BAY #57
 DEERFIELD BEACH FL 33441
 US**

2. Principal Place of Business

1420 S.W. 30TH AVE #14

3. Mailing Address

1420 S.W. 30TH AVE

Suite, Apt. #, etc.

#14

Suite, Apt. #, etc.

#14

City & State

BOYNTON BCH FLA

City & State

BOYNTON BCH FLA

Zip

Country

U.S.A.

Zip

Country

U.S.A.

6. Name and Address of Current Registered Agent

**BEDOYA, OSCAR
 9932 PINELLAS PARK RD
 BOCA RATON FL 33428**

7. Name and Address of New Registered Agent

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

01/09/02

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, 2002 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	PSD BEDOYA, OSCAR 291 C NW 1ST ST #57 DEERFIELD BEACH FL 33441 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD BEDOYA, MARIA V 291 C NW 1ST ST #57 DEERFIELD BEACH FL 33441 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD OSCAR <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.S.D. BEDOYA, OSCAR 9932 PINELLAS PARK DR BOCA RATON, FLA 33428 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD BEDOYA, MARIA V 9932 PINELLAS PARK DR BOCA RATON, FL 33428 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

01/09/02 (561) 732 5501

CR2E034 (9/01)