

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000013387

1. Entity Name
PALM BEACH WOOD PRODUCTS, INC.



FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90374 036 ***150.00

0427912 AV

Principal Place of Business
20125 SR 80
LOXAHATCHEE FL 33470

Mailing Address
P.O. BOX 700
LOXAHATCHEE FL 33470



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0822644

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

BRANDENBURG, GARY M
222 LAKEVIEW AVENUE
SUITE 1400
WEST PALM BEACH FL 33401

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
RIONDA, HENRY
P.O. BOX 264
BELLE GLADE FL 33430 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D/VP
Rionda, Henry
P.O. Box 264
Belle Glade, FL 33430 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
PHILLIPS, W.T. JR.
6921 WILLBANKS ROAD
KNOXVILLE FL 37913 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
TOMUEU, ENRIQUE A
20125 SR 80
LOXAHATCHEE FL 33470 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D/P
Tomeu, Enrique A.
P.O. Box 700
Loxahatchee, FL 33470 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
KLEIN, MICHAEL
P O BOX 626
CORTE MADRA CA 94976 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S.
J. Patrick McMullen
6921 Willbanks Road
Knoxville, TN 37913 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
MCCULLEY, LESA
6921 WILLBANKS RD
KNOXVILLE TN 37913 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D.
Klein, Sam W.
5513 North Military Trail #702
Boca Raton, FL 33496 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

12. 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 10 or Block 11 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

04/29/03 (561)795-6550

Date

Daytime Phone #

CR2E034 (10/02)