

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000015972

1. Entity Name

WOOD WORLD FURNITURE, INC.

FILED
May 04, 2000 8:00 am
Secretary of State

05-04-2000 90112 007 ***150.00

Principal Place of Business

1871 WEST NEW HAVEN AVE
WEST MELBOURNE FL 32904

Mailing Address

1871 WEST NEW HAVEN AVE
WEST MELBOURNE FL 32904-3911

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3493978

Applied For

Not Applicable

Zip

Country

Zip

Country

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

SHUMATE, DAVID H
6861 SWEET BAY CT
PORT ST JOHN FL 32927

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

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

T
NAME FERRELL, JAMES G
STREET ADDRESS 2225 WEST HOLDEN AVE #106
CITY-ST-ZIP ORLANDO FL 32839 ☐ Delete

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

S
NAME SHUMATE, VICKIE
STREET ADDRESS 6861 SWEET BAY CT
CITY-ST-ZIP PORT ST JOHN FL 32927 ☐ Delete

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

P
NAME SHUMATE, DAVID H
STREET ADDRESS 6861 SWEET BAY CT
CITY-ST-ZIP PORT ST JOHN FL 32927 ☐ Delete

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

V
NAME FERRELL, PATRICIA M
STREET ADDRESS 2225 WEST HOLDEN AVE #106
CITY-ST-ZIP ORLANDO FL 32839 ☐ Delete

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

V
NAME ESTEP, LEWIS
STREET ADDRESS 6859 SWEET BAY CT
CITY-ST-ZIP PORT ST JOHN FL 32927 ☐ Delete

☒ Change ☐ Addition
TITLE
NAME
STREET ADDRESS 2163 Ohio St.
CITY-ST-ZIP melbourne, FL 32904

V
NAME ESTEP, WANDA M
STREET ADDRESS 6859 SWEET BAY CT
CITY-ST-ZIP PORT ST JOHN FL 32927 ☐ Delete

☐ Change ☐ Addition
TITLE
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/24/00 407-952-5441