

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000015972

1. Entity Name

WOOD WORLD FURNITURE, INC.

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90005 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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3493978**

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

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

Name

Street Address (P.O. Box Number is Not Acceptable)

163 Babylon Lane

City **Indianapolis**

FL

Zip Code **32903**

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 resigning)

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, 2001 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 **FERRELL, JAMES G**
STREET ADDRESS **2225 WEST HOLDEN AVE #106**
CITY-STATE-ZIP **ORLANDO FL 32839**

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

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

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **163 Babylon Lane**
CITY-STATE-ZIP **Indianapolis, FL 32903**

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

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **163 Babylon Lane**
CITY-STATE-ZIP **Indianapolis, FL 32903**

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

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

TITLE ☐ Delete
NAME **V**
STREET ADDRESS **ESTEP, LEWIS**
CITY-STATE-ZIP **2163 OHIO ST.**
MELBOURNE FL 32904

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

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

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **174 Calico Lane**
CITY-STATE-ZIP **Indianapolis, FL 32903**

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 #

DAVID H. SHUMATE **4/16/01** **321-952-5441**

CR2E034 (10/00)