## 2001 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # P98000019662 Apr 23, 2001 8:00 am Secretary of State 1. Entity Name WOODWORKS INTERNATIONAL, INC. OF CLW 04-23-2001 90238 034 \*\*\*150.00 Principal Place of Business Mailing Address 1974 A SHERWOOD STREET 1974 A SHERWOOD STREET CLEARWATER FL 33765 CLEARWATER FL 33765 **LUUUTAT** ( 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3491464 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent NASH, DANIEL J Street Address (P.O. Box Number is Not Acceptable) 1974 A SHERWOOD STREET CLEARWATER FL 33765 Zip Code FL 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. **VPS** TITLE ☐ Delete TITLE ☐ Addition NASH, TAMMY NAME NAME 2175 Chantilly Lane STREET ADDRESS 1388 FOREST LAWN CT STREET ADDRESS Dunedin, FL 34698 CITY-ST-ZIP TARPON SPRINGS FL 34698 CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE Change NASH, DANIEL J NAME NAME 2175 Chantilly Lane STREET ADDRESS 1388 FOREST LAWN CT STREET ADDRESS Dunedin, FL 34698 CITY-ST-ZIP **TARPON SPRINGS FL 34698** CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 OFF

Daytime Phone #