Apr 18, 2003 8:00 am Secretary of State

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P98000019662 DOCUMENT # 04-18-2003 90133 035 ***150.00 WOODWORKS INTERNATIONAL, INC. OF CLW Principal Place of Business Mailing Address 1974 A SHERWOOD STREET 1974 A SHERWOOD STREET **CLEARWATER FL 33765 CLEARWATER FL 33765** 2. Principal Place of Business 3. Mailing Address 2041 Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES Cjty & State City & State Applied For 4. FEI Number 59-3491464 Not Applicable 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 1974 A SHERWOOD STREET **CLEARWATER FL 33765** 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. 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 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Delete TITLE Change Addition NAME NASH, TAMMY NAME 2175 CHANTILLY LANE STREET ADDRESS STREET ADDRESS **TARPON SPRINGS FL 34698** CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE NAME nash, daniel j NAME STREET ADDRESS 2175 CHANTILLY LANE STREET ADDRESS **TARPON SPRINGS FL 34698** CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ___Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHTY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. Thereby 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 attachme

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

SIGNATURE:

NAME

STREET ADDRESS CITY-ST-ZIP

Delete

☐ Change

☐ Addition