

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000069944

1. Entity Name

Southern Wood Products, Inc.

Principal Place of Business

3435 Enterprise Ave
Unit #36
Naples, FL 34104

Mailing Address

3435 Enterprise Ave
Unit #36
Naples, FL 34104

2. Principal Place of Business

3435 Enterprise Ave
Suite, Apt. #, etc.
#36

3. Mailing Address

3435 Enterprise Ave
Suite, Apt. #, etc.
#36

City & State

Naples, Florida
Zip
34104

City & State

Naples, Florida
Zip
34104

4. FEI Number

59-3531744

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

Brian H. Bender
3435 Enterprise Ave
Unit 36
Naples, FL 34104

7. Name and Address of New Registered Agent

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, 2001 Fee will be \$500.00
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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P.V.P.T.
Brian H. Bender
1275 Wildwood Lakes Blvd #104
Naples, FL 34104

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
Polly Mullen
1322 Wildwood Lakes Blvd #6

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
Valerie Vigne
5411 Banning Street
Lehigh Acres, FL 34104

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
800004717628--E
-12/10/01-01117-01 Addition
****150.00 ****150.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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CITY-ST-ZIP

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 TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

EXPIRATION DATE

CR2E034 (11/00)

11-26-01

To whom this may concern;

This is regarding the annual report for Southern Wood Products, FEI# 59-3531744. We have never received any thing from the state to file. We were unaware that we had a problem until recently. I have down loaded the forms & included the fee.

We are asking that you abate the penalties, being we have not received any forms from you.

Thank you,
Valerie