

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P99 000 000 814**

1. Entity Name

WOOD MAINTENANCE GROUP, INC.

Principal Place of Business

Mailing Address

**1105 5th AVE NORTH
LAKE WORTH FL
33460**

SAME

2. Principal Place of Business

3. Mailing Address

1105 5th AVE NORTH

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

LAKE WORTH FL.

SAME

Zip

Country

Zip

Country

33460

U.P.B.

4. FEI Number

Applied For

Not Applicable

65-0885271

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

4-25-01

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

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

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CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change

☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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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:

Alan S. Strycharcz

Date

Daytime Phone #

4-25-01

585 1555

CR2E034 (11/00)