2000 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 03, 2000 8:00 am Secretary of State DOCUMENT # **P99000004142** 1. Entity Name AMERICAN WOOD CRAFTERS AND INNOVATORS, INC. 04-03-2000 90201 014 ***158.75 Principal Place of Business Mailing Address 4775 CANAL DR. 4775 CANAL DR. LAKE WORTH FL 33463 LAKE WORTH FL 33463-8158 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 8 6527 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name **GUTMANN, ERIC** Street Address (P.O. Box Number is Not Acceptable) 4775 CANAL DR. LAKE WORTH FL 33463 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, 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. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2000 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 12. 11. **Change** ☐ Addition Defete TITLE TITLE Eric C. Gutmann 4775 Canal Dr. NAME NAME STREET ADDRESS STREET ADDRESS akeworth, FL 33463 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE TITLE ☐ Delete Robin P.E. Gutmann 1201 N 46 Ave NAME NAME STREET ADDRESS STREET ADDRESS Hollywood, FL 33021 CITY-ST-ZIP CITY-ST-21F Addition ☐ Change TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS Hollywood, FL 33021 CITY-ST-ZIP CITY-ST-ZIE Jennifer L. Gutmann 4778 Canal Orive ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS Lake Worth, FL 33463 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete TITLE Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP