## 2001 UNIFORM BUSINESS REPORT (UBR) FILED Mar 10, 2001 08:00 AM P99000004142 DOCUMENT# 1. Entity Name **Secretary of State** AMERICAN WOOD CRAFTERS AND INNOVATORS, INC. Principal Place of Business Mailing Address 4775 CANAL DR. 4775 CANAL DR. LAKE WORTH FL LAKE WORTH FL33463 33463 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 65-0886527 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GUTMANN 4775 CANAL DR. Street Address (P.O. Box Number is Not Acceptable) LAKE WORTH FL33463 City 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. ERIC C. GUTMANN 03/10/2001 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Addition GUTMANN JENNIFER L MAME NAME 4775 CANAL DR STREET ADDRESS STREET ADDRESS LAKE WORTH CITY-ST-ZIP FL 33463 CITY-ST-ZIP ☐ Delete Т TITLE ☐ Change NAME GUTMANN ROSALIE NAME STREET ADDRESS 1201 N 46 AVE STREET ADDRESS CITY-ST-ZIP HOLLYWOOD FL 33021 CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition GUTMANN ROBIN NAME STREET ADDRESS 1201 N 46 AVE STREET ADDRESS CITY-ST-ZIP HOLLYWOOD 33021 CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition GUTMANN NAME STREET ADDRESS 4775 CANAL DR STREET ADDRESS CITY-ST-ZIP LAKE WORTH 33463 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Addition 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. Eric C. Gutmann SIGNATURE: \_ 03/10/2001 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/00)

Daytime Phone #

Date