

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000046794

1. Entity Name

WOOD PRO INDUSTRIES, INC.

Principal Place of Business

Mailing Address

500 THREE ISLAND BLVD #503  
HALLANDALE FL 33009

500 THREE ISLAND BLVD #503  
HALLANDALE FL 33009-2839

2. Principal Place of Business

18400 W. DIXIE HWY

3. Mailing Address

SAME

Suite, Apt. #, etc.

D

Suite, Apt. #, etc.

City & State

NORTH MIAMI BEACH, FL

City & State

4. FEI Number

65-0974580

Applied For

Not Applicable

Zip

33180

Country

USA

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MCCULLOUGH, MICHELLE  
500 THREE ISLAND BLVD #503  
HALLANDALE FL 33009

7. Name and Address of New Registered Agent

Name

HOWARD SHOLCOWSKY

Street Address (P.O. Box Number is Not Acceptable)

18400 W. DIXIE HWY

SUITE D

City

NORTH MIAMI BEACH

FL

Zip Code

33180

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, 2000 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

TITLE PD  
NAME MCCULLOUGH, RANDALL  
STREET ADDRESS 500 THREE ISLAND BLVD #503  
CITY-ST-ZIP HALLANDALE FL 33009 ☐ Delete

TITLE VD  
NAME MCCULLOUGH, MICHELLE  
STREET ADDRESS 500 THREE ISLAND BLVD #503  
CITY-ST-ZIP HALLANDALE FL 33009 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
Mar 27, 2000 8:00 am  
Secretary of State

03-27-2000 90112 028 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

CR2F034 (9/99)

3/10/00 305 935 6533