

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 11, 2002 8:00 am
Secretary of State

07-11-2002 90243 040 ***550.00

DOCUMENT # P99000061336

1. Entity Name
MASTERCRAFT WOOD INTERIOR, INC.

Principal Place of Business

Mailing Address

~~2844 N.E. 7 AVENUE~~
~~POMPANO BEACH FL 33064~~

~~2844 N.E. 7 AVENUE~~
~~POMPANO BEACH FL 33064~~

B0128660



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

4167 N Dixie

11546 NW 41 st

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Highway

Pompano Beach FL.

Coral Springs FL.

Zip

Country

Zip

Country

33064

U.S.A.

33065

U.S.A.

4. FEI Number **65-0936855**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~LOBAN, NORMAN A~~
~~7220 NW 44 COURT~~
~~LAUDERHILL FL 33319~~

Name **Vecous Waite**
 Street Address (P.O. Box Number is Not Acceptable)
11546 NW 41 street

City **Coral Springs** **FL** Zip Code **33065**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Vecous Waite President**

July 8, 02

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME **T WAITE, RANDALL**
 STREET ADDRESS **11483 NW 41 ST**
 CITY-ST-ZIP **CORAL SPRINGS FL 33065**

TITLE ☐ Change ☐ Addition
 NAME **T Waite Randall**
 STREET ADDRESS **720 NW 46 Ave**
 CITY-ST-ZIP **Plantation FL. 33317**

TITLE ☐ Delete
 NAME **S WAITE, LORETTA**
 STREET ADDRESS **11483 NW 41 ST**
 CITY-ST-ZIP **CORAL SPRINGS FL 33065**

TITLE ☐ Change ☐ Addition
 NAME **S Waite Loretta**
 STREET ADDRESS **11546 NW 41 st.**
 CITY-ST-ZIP **Coral Springs FL. 33065**

TITLE ☐ Delete
 NAME **P. WAITE, VECOUS**
 STREET ADDRESS **11483 NW 41 STREET**
 CITY-ST-ZIP **CORAL SPRINGS FL 33065**

TITLE ☐ Change ☐ Addition
 NAME **P Waite vecous**
 STREET ADDRESS **11546 NW 41 st.**
 CITY-ST-ZIP **Coral Springs FL. 33065**

TITLE ☐ Delete
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 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
 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: **Vecous Waite** **7/8/02** **(954) 545 9150**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/02)