

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 24, 2001 8:00 am
Secretary of State

04-24-2001 90055 012 ***150.00

DOCUMENT # P99000076730

1. Entity Name

ALL WOOD CONCEPTS, INC.

Principal Place of Business

11576 PIERSON ROAD
BAY K-I & J
WELLINGTON FL 33414

Mailing Address

11576 PIERSON ROAD
BAY K-I & J
WELLINGTON FL 33414

2. Principal Place of Business

3377 S.W. 42nd Ave

Suite, Apt. #, etc.

Suite C

Palm City, FL

Zip 34990

Country USA

3. Mailing Address

3377 SW 42nd Ave

Suite, Apt. #, etc.

Suite C

Palm City, FL

Zip 34990

Country USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 22-3673032

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LURGIO, TROY R
11576 PIERSON ROAD
BAY K-I & J
WELLINGTON FL 33414

7. Name and Address of New Registered Agent

Name Troy R. Lurgio
Street Address (P.O. Box Number is Not Acceptable)
3377 SW 42nd Ave.
Suite C
City Palm City FL Zip Code 34990

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

Troy Lurgio

Troy Lurgio

4-13-01

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, 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

TITLE	D	<input type="checkbox"/> Delete
NAME	LURGIO, TROY B	
STREET ADDRESS	405 SW SAINT LUCIE ST	
CITY-ST-ZIP	STUART FL 34997	
TITLE	O	<input checked="" type="checkbox"/> Delete
NAME	Mark R Smith	
STREET ADDRESS	1445 Hillcrest Dr.	
CITY-ST-ZIP	Lake Worth, FL 33461	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Amanda P. Lurgio	
STREET ADDRESS	405 SW 42nd Ave Saint Lucie St.	
CITY-ST-ZIP	Stuart, FL 34997	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Troy Lurgio

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-13-01 561-781-0980

CR2E034 (10/00)