


# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 14, 2003 8:00 am**  
**Secretary of State**

07-14-2003 90327 042 \*\*\*558.75

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<b>DOCUMENT #</b> P99000080933	
<b>1. Entity Name</b> MILLWORK DEPOT, INC.	

<b>Principal Place of Business</b> 1451 NW 1ST CT. BOCA RATON FL 33432	<b>Mailing Address</b> 1451 NW 1ST CT. BOCA RATON FL 33432
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<b>2. Principal Place of Business</b>	<b>3. Mailing Address</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



☒ CHECK HERE IF MAKING CHANGES

<b>4. FEI Number</b> 65-0963414	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

<b>6. Name and Address of Current Registered Agent</b>	<b>7. Name and Address of New Registered Agent</b>
WALKER, WAYNE S 933 LAKE WYMAN RD. BOCA RATON FL 33431	Name Street Address (P.O. Box Number is Not Acceptable) City FL 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. I am familiar with, and accept the obligations of registered agent.**

SIGNATURE Wayne S. Walker DATE 7/14/03  
(NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$550.00</b> After September 10, 2003 Fee will be \$750.00 Make Check Payable to Florida Department of State	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALKER, WAYNE S 933 LAKE WYMAN RD. BOCA RATON FL 33431 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVP WALKER, WAYNE S 933 LAKE WYMAN RD BOCA RATON, FL 33431 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARRIS, RANDALL P 1291 SW 4TH CT. BOCA RATON FL 33432 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	NONE NONE NONE NONE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:** Wayne S. Walker **DATE:** 7/14/03 **DAYTIME PHONE #** 561-361-3010  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (4/03)