

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 21, 2002 8:00 am
Secretary of State

04-10-2002 90670 036 ***150.00

DOCUMENT # P99000081864

1. Entity Name

PG WOODCRAFT'S

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

316 ELM ST

Suite, Apt. #, etc.

3. Mailing Address

316 ELM ST

Suite, Apt. #, etc.

City & State

HOLLYWOOD, FLORIDA

City & State

HOLLYWOOD, FLORIDA

4. FEI Number

65-0947174

Applied For

Not Applicable

Zip

33019

Country

U.S.A

Zip

33019

Country

U.S.A

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

JOSEPHATHAN WOUNTS

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

316 ELM ST

City

HOLLYWOOD

FL

Zip Code

33019

**DO NOT WRITE
IN THIS SPACE**

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]

JOSEPHATHAN WOUNTS

5-01-02

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) ☒

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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	NAME	STREET ADDRESS	CITY-ST-ZIP
	JOSEPHATHAN P. WOUNTS	316 ELM ST	HOLLYWOOD, FL, 33019
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]

JOSEPHATHAN P. WOUNTS

4-1-02 (954) 921-6430

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)