FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91833 004 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000082350

1. Entity Name

Savannah Millwork Company

90130246

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3463 SW Deggeller Court	3463 SW Deggeller Court
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Palm City, Florida	City & State: Palm City, Florida
Zip: 34990 Country: US	Zip: 34990 Country: US

DO NOT WRITE IN THIS SPACE

4. FEI Number 650946352 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: N. Dean Kohl, Jr.

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

50 SE Kindred Street Suite 107

City: Stuart **FL** Zip Code: 34994

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 _____ April 30, 2003

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P/D Glen Snow 3463 SW Deggeller Court - Palm City, FL 34990
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S/T/D Darcy Snow 3463 SW Deggeller Court - Palm City, FL 34990
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V/D Doug Young 623 SW Whisper Ridge Tr. Palm City FL 34990
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CR2E034B (12/02)

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

SIGNATURE: _____ 04/30/03 772-215-1304

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #