2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000088811

1. Entity Name

MILLWORK EXPRESS, INC.						
Principal Place of Business	Mailing Address					
61 PARKWOOD DRIVE PALM BEACH FL 33411	161 PARKWOOD DRIVE ROYAL PALM BEACH FL 33411-8204					
2. Principal Place of Business	3. Mailing Address					
Suite, Apt. #, etc.	Suite, Apt. #, etc.					
City & State	City & State					
	7:- Country					

FILED Feb 15, 2000 8:00 am Secretary of State 02-15-2000 90020 029 ***150.00

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2. Principal P	Principal Place of Business 3. Mailing Address								
Suite, Apt. #, etc. Suite, Apt. #, etc.					DO NOT WRIT	E IN THIS S	PACE		
City & Stat	te	City & St	City & State			4. FEI Number Applied F Not Applied F			
Zip	Country	Zip		Country		Certificate of Status Desired	[′] ⊓	\$8.75 Add ee Required	
	6. Name and Address of Currer	nt Registered A	gent		7. 1	Name and Address of New R	egistered A	gent	
				Name					l
WESLEY, JAMES D 161 PARKWOOD DRIVE ROYAL PALM BEACH FL 33411			Street Addre	Street Address (P.O. Box Number is Not Acceptable)					
1101	AL I ALIII BLIOTI L COTT		_	City			FL	Zip Code	э
	e named entity submits this statement	for the purpose	of changing its	registered office or regi	istered ag	ent, or both, in the State of Flo	rida.		
SIGNATURE .	Signature, typed or printed name of registered age	nt and title if applicable	. (NOTE	. Registered Agent signature rec	quired when re	einstating)	DATE	<u> </u>	
9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) FILE NOW!!! FILE NOW!! FILE					10. Election Campaign Fin Trust Fund Contribution			May Be to Fees	
 1.	OFFICERS AN	D DIRECTORS		12.	AD	DITIONS/CHANGES TO OFFI	CERS AND	DIRECTORS	3 IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WESLEY, JAMES D 161 PARKWOOD DRIVE ROYAL PALM BEACH FL 3341	1	☐ Delete	TITLE NAME STREET ADDRESS CITY-SI-ZIP				Change	Addition
ITLE NAME STREET ADDRESS CITY-ST-ZIP	TO THE THEM SELECTION SELE		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	☐ Addition
TITLE NAME STREET ADDRESS SITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	_			Change	☐ Addition
TITLE NAME STREET ADDRESS SITY-ST-ZIP		,-	☐ Delete	TITLE NAME STREET ADDRESS GITY-ST-ZIP				☐ Change	Addition
ITLE IAME STREET ADDRESS SITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	☐ Addition
TITLE NAME STREET ADDRESS DITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	☐ Addition
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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: