

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 25, 2001 8:00 am
Secretary of State

01-25-2001 90016 028 ***150.00

DOCUMENT # P99000088811

1. Entity Name

MILLWORK EXPRESS, INC.

Principal Place of Business

161 PARKWOOD DRIVE
 ROYAL PALM BEACH FL 33411

Mailing Address

161 PARKWOOD DRIVE
 ROYAL PALM BEACH FL 33411

2. Principal Place of Business

8360 Currency Dr. Bay#5

3. Mailing Address

12441 63rd LN. N.

Suite, Apt. #, etc.

Riviera Beach, FL

Suite, Apt. #, etc.

West Palm Beach, FL

City & State

City & State

Zip 33404

Country

Zip 33412

Country

4. FEI Number

65-0953844

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

WESLEY, JAMES D
 161 PARKWOOD DRIVE
 ROYAL PALM BEACH FL 33411

7. Name and Address of New Registered Agent

Name

Wesley, James D.

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

12441 63rd LN. N.

City West Palm Beach

FL

Zip Code

33412

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, 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 PD
 NAME WESLEY, JAMES D
 STREET ADDRESS 161 PARKWOOD DRIVE
 CITY-ST-ZIP ROYAL PALM BEACH FL 33411 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

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TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

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TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

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:

James Wesley James Wesley

1-13-01

(561) 842-6644

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)