2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED Feb 05, 2001 8:00 am Secretary of State DOCUMENT # **P99000093718** WOOD BUSINESS PRODUCTS OF FORT MYERS, INC. 02-05-2001 90028 035 ***150.00 Principal Place of Business Mailing Address 2005 W. CYPRESS CREEK ROAD #16 2005 W. CYPRESS CREEK ROAD #16 FORT LAUDERDALE FL 33309 FORT LAUDERDALE FL 33309 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0955688 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent -7. Name and Address of New Registered Agent Name WOOD, ANNABELLE H Street Address (P.O. Box Number is Not Acceptable) 2005 W. CYPRESS CREEK ROAD #16 FORT LAUDERDALE FL 33309 City Zip Code FI 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change ☐ Addition FOREMAN, CHARLES R NAME NAME 160 BROADWAY #107 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ENGLEWOOD FL 34223 CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition WOOD, CHARLES E NAME NAME STREET ADDRESS 2005 W. CYPRESS CREEK ROAD #16 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE FL 33309 TITI F ☐ Delete TITLE ~ [7] Change ☐ Addition NAME wood, annabelle H NAME STREET ADDRESS 2005 W. CYPRESS CREEK ROAD #16 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE FL 33309 ☐ Delete TITLE TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.