2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE AND T

FILED DOCUMENT # **P99000104306** Mar 17, 2000 8:00 am **Secretary of State** HANICK WOODWORKS COMPANY 03-17-2000 90002 041 ***150.00 Principal Place of Business Mailing Address 955 54TH STREET NORTH 955 54TH STREET NORTH ST. PETERSBURG FL 33710 ST. PETERSBURG FL 33710 2. Principal Place of Business 3. Mailing Address 4704 Freemont DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc Suite, Apt. #, etc. 4. FEI Number Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HANICK, ERIC A Street Address (P.O. Box Number is Not Acceptable) 955 54TH STREET NORTH ST. PETERSBURG FL 33710 Zip Code FL 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 DATE 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 After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. OWNER/PRESIDENT Cric Alexander Hanick Addition TITLE ☐ Delete TITLE NAME NAME 54 st. North STREET ADDRESS STREET ADDRESS St. Petersburg, Fl. 33710 Vice President / Treasurer Change Kelly Marie Hanick CITY-ST-ZIP CITY-ST-ZIP -Vicetresident Addition ☐ Delete TITLE NAME NAME 54 St. North STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 33710 CITY-ST-ZIP Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Change ☐ Addition ☐ Delete TITLE 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.