2002 UNIFORM BUSINESS REPORT (UBR) S10182 **DOCUMENT #** 1. Entity Name JEFFERSON WOODWORKING, INC. Principal Place of Business Mailing Address 3514 SW ARMELLINI AVE 3514 SW ARMELLINI AVE PO BOX 1153 PO BOX 1153 PALM CITY FL 34991 PALM CITY FL 34991 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State

Country

Signature, typed or printed name of registered agent and title if applicable.

OFFICERS AND DIRECTORS

9. This corporation is eligible to satisfy its Intangible

Jefferson, Mark

PALM CITY FL 34990

642 SE PORTAGE AVE

PORT ST LUCIE FL 39989

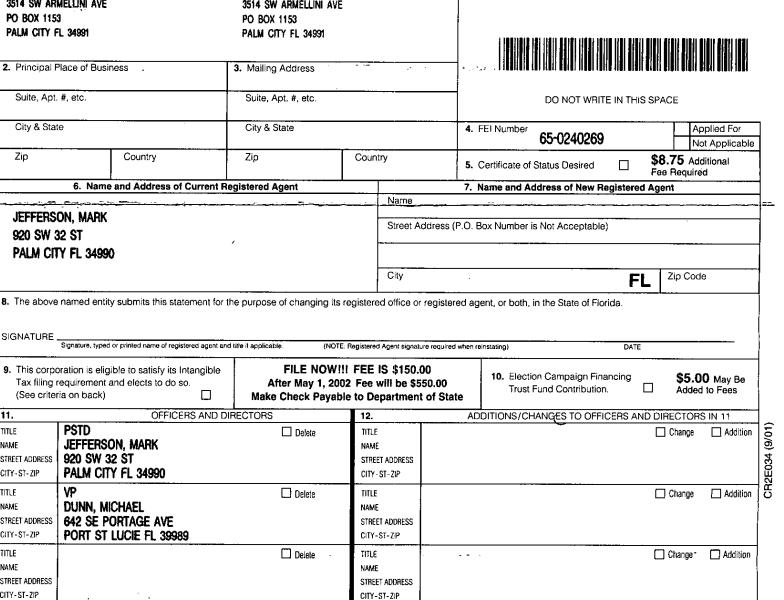
920 SW 32 ST

DUNN, MICHAEL

Tax filing requirement and elects to do so.

FILED May 08, 2002 8:00 am Secretary of State

05-08-2002 90135 045 ***150.00



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.

TITLE

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

Zip

JEFFERSON, MARK

(See criteria on back)

PSTD

920 SW 32 ST PALM CITY FL 34990

SIGNATURE

11.

TITLE

NAME

TITLE

NAME

TITLE

NAME

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NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

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STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

City-St-7IP

CITY-ST-ZIF

ME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

☐ Defete

☐ Delete

☐ Change

☐ Change

☐ Change

☐ Addition

☐ Addition

Addition