2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED Mar 28, 2000 8:00 am Secretary of State **DOCUMENT # \$38741** 1. Entity Name ASSOCIATED WOOD PRODUCTS, INC. 03-28-2000 90061 004 ***150.00 Principal Place of Business Mailing Address 3615 HENRY AVENUE~ 3615 HENRY AVENUE WEST PALM BEACH FL-33405-WEST PALM BEACH FL-93407-5742 2. Principal Place of Business 3. Mailing Address 800 800 Suite, Apt. #, etc Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0255127 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 33407 33407 .S.A Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Haylett \mathcal{D} homas Box Number is Not Acceptable) DRUCKER RONALD J. 17191 SHADDOCK LN **BOCA RATON FL 33487** Zip Code 33410 8. The above named entity sub the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. **PVST** TITLE ☐ Delete TITLE ☐ Change ☐ Addition HAYLETT, THOMAS D NAME NAME 10604 CHAPMAN OAK COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF PALM BEACH GARDENS FL 33410 Delete TITLE TITLE ☐ Change ☐ Addition 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-ZIF Change Addition TITLE ☐ Delete TITLE 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 ☐ Delete TITLE Change Addition TITLE 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 use and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director turate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director soute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if of the corporation or the receiver or trust changed, or on an attachment with an