

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 15, 2003 8:00 am
Secretary of State

01-15-2003 90258 015 ***150.00

DOCUMENT # S68810

1. Entity Name
THE WOOD-CHUCK WORKSHOP, INC.



Principal Place of Business
**850 NE 3RD ST
#108
DANIA FL 33004
US**

Mailing Address
**850 NE 3RD ST
#108
DANIA FL 33004
US**

90002736



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0273674**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FICAROTTA, CHARLES J.
7160 SW 19TH STREET
PLANTATION FL 33317**

Name **FICAROTTA, CHARLES J**
Street Address (P.O. Box Number is Not Acceptable)
501 Gettysburg Terrace
City **Plantation** FL Zip Code **33325**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Merry Ficarotta*

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

(NOTE: Registered Agent signature required when reinstating)

1/3/03
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	FICAROTTA, CHARLES J	
STREET ADDRESS	7160 SW 19TH ST.	
CITY-ST-ZIP	PLANTATION FL 33317	
TITLE	VP	<input type="checkbox"/> Delete
NAME	FICAROTTA, MERRY	
STREET ADDRESS	7160 SW 19TH ST	
CITY-ST-ZIP	PLANTATION FL 33317	
TITLE	S	<input type="checkbox"/> Delete
NAME	FICAROTTA, MERRY	
STREET ADDRESS	7160 SW 19TH ST	
CITY-ST-ZIP	PLANTATION FL 33317	
TITLE	T	<input type="checkbox"/> Delete
NAME	FICAROTTA, MERRY	
STREET ADDRESS	7160 SW 19TH ST	
CITY-ST-ZIP	PLANTATION FL 33317	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Merry Ficarotta*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/03/03 954
922-3221

Date

Daytime Phone #