

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90132 008 ***150.00

CR2E034
AV

DOCUMENT # 316353

1. Entity Name
TONY WOODS AGENCY, INC.



Principal Place of Business
**2184 MAIN STREET
SARASOTA FL 34237-6024**

Mailing Address
**2184 MAIN STREET
SARASOTA FL 34237-6024**



2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**MARK W. WOODS
1775 BAY VIEW DR
SARASOTA FL 34239**

*7060 Wild Horse Cr
Sarasota, FL 34241*

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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 _____ 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
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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WOODS, MARK W. 1773 BAY VIEW DRIVE SARASOTA FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MICHAEL H. WOODS 302 POINSETTIA RD. NOKOMIS FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MICHAEL H. WOODS 302 POINSETTIA RD. NOKOMIS FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MARK W. WOODS, 1773 BAY VIEW DRIVE SARASOTA FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	7060 Wild Horse Cr Sarasota, FL 34241
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	7060 Wild Horse Cr Sarasota, FL 34241
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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: *MARK WOODS* **3-14-03 941-955-4175**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)