

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

03 JUN 16 PM 4:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 562558
1. Entity Name SOUNDVIEW WOODS, INC.

DO NOT WRITE IN THIS SPACE	
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2. Principal Place of Business Suite, Apt. #, etc. 176 STEARNS STREET City & State GULF BREEZE, FL Zip 32561	3. Mailing Address Suite, Apt. #, etc. P.O. BOX 448 City & State GULF BREEZE, FL Zip 32562
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DO NOT WRITE IN THIS SPACE	
4. FEI Number 59-1799501	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

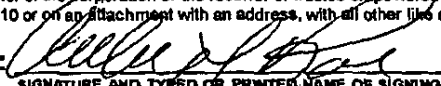
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7. Name and Address of Current Registered Agent	
Name AUBREY L. ROSS	
Street Address (P.O. Box Number is Not Acceptable) 176 STEARNS ST	
City GULF BREEZE	FL Zip Code 32561

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 	AUBREY L. ROSS - PRESIDENT 5/18/03 (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE D NAME DAVIS, CORBETT STREET ADDRESS 1430 BAYSHORE TERRACE CITY - ST - ZIP GULF BREEZE, FL 32563	TITLE PD NAME ROSS, AUBREY L. STREET ADDRESS 176 STEARNS ST CITY - ST - ZIP GULF BREEZE, FL 32561	TITLE D NAME EGGART, R. BROWNLEE STREET ADDRESS 2-C PALAO RD CITY - ST - ZIP PENSACOLA, FL 32507	TITLE NAME STREET ADDRESS CITY - ST - ZIP DO NOT WRITE IN THIS SPACE
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other lines empowered.	
SIGNATURE: 	5/18/03 850 932 2271 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E0348 (12/02)