APPROVED AND FILED

03 JUN 16 PM 4:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 562558

1. Entity Name

SOUNDVIEW WOODS, INC.

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.: 176 STEARNS STREET	Suite, Apt. #, etc.: P.O. BOX 448
City & State: GULF BREEZE, FL	City & State: GULF BREEZE, FL
Zip: 32561 Country:	Zip: 32562 Country:

4. FEI Number: 59-1799501 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

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 5/28/03

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

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	
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CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 5/28/03 850 932 2271

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

STF FL32381F.1