

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 03, 2001 8:00 am**  
**Secretary of State**

04-03-2001 90044 040 \*\*\*150.00

**DOCUMENT # 630112**

1. Entity Name  
**WOOD MOTORS SOUTH, INC.**

Principal Place of Business <b>8425 US 19          PT RICHEY FL 34668-6644</b>	Mailing Address <b>8425 US 19          PT RICHEY FL 34668-6644</b>
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number <b>59-1935632</b>	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

**RAYMOND, JOHN J, JR  
 1200 NORTH FEDERAL HWY.  
 STE. 411  
 BOCA RATON FL 33432**

**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.

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

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

**11. OFFICERS AND DIRECTORS**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<b>VTD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>WOOD, DONALD C</b>	
STREET ADDRESS	<b>2003 COVE DR</b>	
CITY-ST-ZIP	<b>VERO BCH. FL 32963</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> Delete
NAME	<b>RAYMOND, JOHN J, JR</b>	
STREET ADDRESS	<b>1200 N. FEDERAL HWY., STE. 411</b>	
CITY-ST-ZIP	<b>BOCA RATON, FL 33431 33432</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>WOOD, THOMAS</b>	
STREET ADDRESS	<b>8425 U.S. 19</b>	
CITY-ST-ZIP	<b>PORT RICHEY FL 34668</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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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		

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

SIGNATURE: DATE: **3/29/01** DAYTIME PHONE #: **727 848 0688**

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CR2E034 (10/00)