

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2001 8:00 am
Secretary of State

0030004

04-10-2001 90042 013 ****61.25

DOCUMENT # N09693
 1. Entity Name
WOODSMERE ESTATES, INC.

| | |
|---|---|
| Principal Place of Business 980 BRIDLE LN ROCKLEDGE FL 32955 US | Mailing Address 1694 CEDAR ST ROCKLEDGE FL 32955 US |
|---|---|

024401



DO NOT WRITE IN THIS SPACE

| | | | |
|--------------------------------|---------------------|-----|---------|
| 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 59-2864284 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent
**DRESSLER, JAMES R
 110 DIXIE LANE
 COCOA BEACH FL 32931**

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 _____ (NOTE: Registered Agent signature required when reinstating)
 DATE _____

| | | | |
|-------------------------------------|--|------------------------------------|--|
| FILE NOW: FEE IS \$61.25 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | \$5.00 May Be Added to Fees | Make Check Payable to Department of State |
|-------------------------------------|--|------------------------------------|--|

10. OFFICERS AND DIRECTORS

| | | |
|--|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S KRAFTCHICK, MS. JUDY 6370 N WICKHAM RD MELBOURNE FL | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD SHINN, MR. GREGG 1934 S FISKE BLVD ROCKLEDGE FL | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | CD NUTTING, MR CHARLES 719 E HIBISCUS BLVD MELBOURNE FL | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD COLUMBO, JOE 1499 S. HARBOR CITY BLVD MELBOURNE FL 32901 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD SCHWEINSBERG, JOHN R. JR. 850 BELHURST LN ROCKLEDGE FL | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T SWIFT, BARRY 201 BARTON BLVD ROCKLEDGE FL | <input type="checkbox"/> Delete |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|--|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S Cyndi Dropeski 680 W. Eau Gallie Blvd. MELBOURNE, FL 32935 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D D/Chairman and Gerald Ryan 1670 Fiske Blvd. Rockledge, FL 32955 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |

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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with mail other like empowered.

SIGNATURE: *John R. Schweinsberg* **John R. Schweinsberg, President/CEO 4/4/01 321-690-3464**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/00)