

FILED
Feb 27, 2003 8:00 am
Secretary of State

02-27-2003 90115 030 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P00000074076

1. Entity Name
J. WOOD DESIGN GROUP, INC.



Principal Place of Business
17466 INGLEWOOD AVE.
PORT CHARLOTTE FL 33954

Mailing Address
17466 INGLEWOOD AVE.
PORT CHARLOTTE FL 33954

90037271



2. Principal Place of Business
2975 BOBCAT VILLAGE CENTER ROAD

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

400

City & State
NORTH PORT, FL

City & State

Zip
34288

Country
SARASOTA

Zip

Country

4. FEI Number 65-1029743

Applied For

Not Applicable

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

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WOOD, JOANNA M
17466 INGLEWOOD AVE.
PORT CHARLOTTE FL 33954

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSD
WOOD, JOANNA M
17466 INGLEWOOD AVE.
PORT CHARLOTTE FL 33954 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VTD
WOOD, JAMES F
17466 INGLEWOOD AVE.
PORT CHARLOTTE FL 33954 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ 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 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:

JOANNA WOOD
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOANNA WOOD

1-30-03

941-423-3066

Date

Daytime Phone #

CR2E034 (10/02)