

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

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91883 023 ***150.00

0100261
AV

DOCUMENT # **P98000042942**

1. Entity Name
SEMPER WOODS, P.A.



Principal Place of Business
**15 WEST CHURCH STREET
STE 203
ORLANDO FL 32801**

Mailing Address
**15 WEST CHURCH STREET
STE 203
ORLANDO FL 32801**



2. Principal Place of Business

**425 W. Colonial Dr.
Suite, Apt. #, etc.
Suite 204**

City & State

Orlando, FL

Zip Country
32804 U.S.

3. Mailing Address

**425 W. Colonial Dr.
Suite, Apt. #, etc.
Suite 204**

City & State

Orlando, FL

Zip Country
32804 U.S.

CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3508777**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**WOODS, JONATHAN D
15 WEST CHURCH STREET
STE 203
ORLANDO FL 32801**

7. Name and Address of New Registered Agent

Name **"SAME"**
Street Address (P.O. Box Number is Not Acceptable)
**425 W. COLONIAL DR.
STE. 204**
City **Orlando** FL Zip Code **32804**

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 _____ (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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PST	WOODS, JONATHAN D	15 WEST CHURCH ST., STE 203	ORLANDO FL 32801	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
PST	WOODS, JONATHAN D.	425 W. COLONIAL DR., STE 204	ORLANDO, FL 32804	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: **SIGNATURE OF JONATHAN D. WOODS, PST** Date: **4/30/03** Daytime Phone #: **409-650-8133**

CR2E034 (10/02)