

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L86922

1. Entity Name

WORLD WOODS CORPORATION

**FILED**  
**Apr 20, 2000 8:00 am**  
**Secretary of State**

04-20-2000 90072 049 \*\*\*158.75

Principal Place of Business

Mailing Address

1 DOUGLAS ST. SMW  
HOMOSASSA FL 32646  
US

ATTN: CONTROLLER  
P.O. BOX 3809  
HOMOSASSA FL 34446  
US

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

65-0206855

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COOKE, STANLEY E  
ONE DOUGLAS STREET  
HOMOSASSA FL 34446

Name

Mr. Jon Tanio

Street Address (P.O. Box Number is Not Acceptable)

One Douglas Street

City

Homosassa

FL

Zip

34446

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3/8/2000

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, 2000 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 **PTD** ☐ Delete  
NAME **INOUE, YUKIHISA**  
STREET ADDRESS **18 UMENOKICHO, SHIMOGAMO**  
CITY-ST-ZIP **KYOTO, JAPAN**

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

TITLE **D** ☐ Delete  
NAME **OGASAWARA, YUMICO**  
STREET ADDRESS **18 UMENOKICHO SHIMOGAMO**  
CITY-ST-ZIP **KYOTO, JAPAN**

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

TITLE **VSD** ☐ Delete  
NAME **ISHIHARA, KAYOKO**  
STREET ADDRESS **3-78 YOBITSUGI-CHO**  
CITY-ST-ZIP **AICHI, JAPAN**

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

TITLE **V** ☒ Delete  
NAME **SANDERS, JAMES**  
STREET ADDRESS **137 DOUGLAS ST.**  
CITY-ST-ZIP **HOMOSASSA FL**

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

TITLE **V** ☐ Delete  
NAME **COOKE, STANLEY**  
STREET ADDRESS **5 RYEWOOD CIR.**  
CITY-ST-ZIP **HOMOSASSA FL**


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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

 Yukihsa Inoue

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

352-382-3112

CR2E034 (9/99)