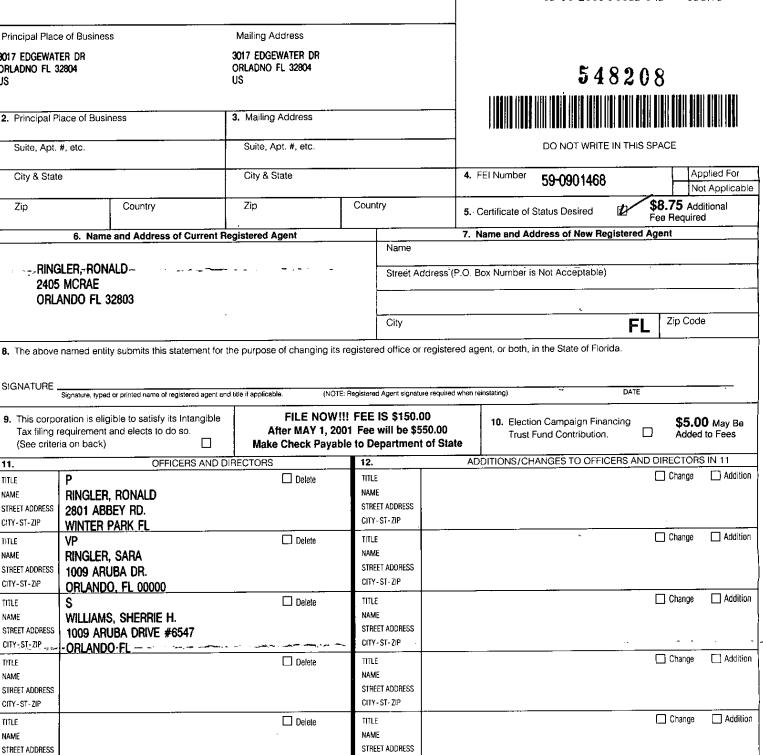
## 2001 UNIFORM BUSINESS REPORT (UBR) **DOCUMENT # 237291** WOODY'S OF FLORIDA, INC. Mailing Address Principal Place of Business 3017 EDGEWATER DR 3017 EDGEWATER DR ORLADNO FL 32804 ORLADNO FL 32804 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Country Zip 6. Name and Address of Current Registered Agent

## May 10, 2001 8:00 am Secretary of State

05-10-2001 90083 043 \*\*\*158.75



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.

Name

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2001 Fee will be \$550.00

Make Check Payable to Department of State

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12.

NAME

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NAME

TITLE

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STREET ADDRESS

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TITLE

NAME

CITY-ST-ZIP

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CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

--- RINGLER, RONALD--

9. This corporation is eligible to satisfy its Intangible

RINGLER, RONALD

2801 ABBEY RD.

WINTER PARK FL

RINGLER, SARA

1009 ARUBA DR.

ORLANDO, FL 00000

WILLIAMS, SHERRIE H.

ORLANDO:FL -- -

1009 ARUBA DRIVE #6547

Tax filing requirement and elects to do so.

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

OFFICERS AND DIRECTORS

2405 MCRAE ORLANDO FL 32803

(See criteria on back)

SIGNATURE

11.

TITLE

NAME

NAME

TITLE

NAME

TITLE NAME

TITLE NAME

TITLE

NAME STREET ADDRESS

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Change

☐ Addition