FILED

2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr 17, 2001 8:00 am Secretary of State **DOCUMENT # 273281** 1. Entity Name WOODARD VAULT, SERVICE, INC. 04-17-2001 90148 035 ***150.00 Principal Place of Business Mailing Address 11807 N. 51ST STREET 11807 N. 51ST STREET TAMPA FL 33617-1403 TAMPA FL 33617-1403 2. Principal Place of Business 3. Mailing Address 702 Rob Roy Place 702 Rob Roy Place Sulte, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number 59-1022688 Applied For Not Applicable Temple Terrace <u> Temple</u> Terrace. Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Hillsboroug Fee Required <u>33617</u> Hillsborough 33617 7. Name and Address of New Registered Agent. 6. Name and Address of Current Registered Agent Name Woodard, R.F. Street Address (P.O. Box Number is Not Acceptable) WOODARD, R. F. 11807 N. 51ST STREET 702-Rob Roy Place TAMPA FL 33617-1403 Zip Code City Temple Terrace 33617 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. Woodard Jr President 4/12/01 Robert. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Delete TITLE President Woodard, R.F. WOODARD, R. F. NAME NAME STREET ADDRESS 11807 N. 51ST STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TAMPA FL Temple Terrace, FL ☐ Delete TITLE Change TITLE WOODARD, J.B. NAME NAME STREET ADDRESS 722 DOWNS AVENUE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TAMPA FL TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.