

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 08, 2003 8:00 am**  
**Secretary of State**

09-08-2003 90144 028 \*\*\*150.00

**DOCUMENT # 273281**

1. Entity Name  
**WOODARD VAULT SERVICE, INC.**



Principal Place of Business

~~702 ROB ROY PLACE~~

**TEMPLE TERRACE FL 33617**

Mailing Address

~~702 ROB ROY PLACE~~

**TEMPLE TERRACE FL 33617**

**939 N. Riverhills Dr.  
Temple Terrace, FL 33617**

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 **59-1022688**

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

**WOODARD, R. F.  
702 ROB ROY PLACE  
TEMPLE TERRACE FL 33617**

7. Name and Address of New Registered Agent

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

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>WOODARD, R. F.</b>	
STREET ADDRESS	<b>702 ROB ROY PLACE</b>	
CITY-ST-ZIP	<b>TEMPLE TERRACE FL 33617</b>	<b>PLEASE CHANGE</b>
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>WOODARD, JOANNE B</b>	
STREET ADDRESS	<b>702 ROB ROY PLACE</b>	
CITY-ST-ZIP	<b>TEMPLE TERRACE FL 33617</b>	<b>PLEASE CHANGE</b>
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>WOODARD, ANGELA A</b>	
STREET ADDRESS	<b>702 ROB ROY PLACE</b>	
CITY-ST-ZIP	<b>TEMPLE TERRACE FL 33617</b>	<b>PLEASE CHANGE</b>
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>939 N. Riverhills Dr.</b>	
CITY-ST-ZIP	<b>Temple Terrace, FL 33617</b>	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>↑ SAME AS ABOVE</b>	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>↑ SAME AS ABOVE</b>	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

*Angela Woodard*

**4/17/03 989-9632**

Attachment  
80145323  
273281

**WOODARD VAULT SERVICE, INC.**

P.O. Box 16938  
Tampa, FL 33687-6938  
(813) 626-6616

Division of Corporations  
Uniform Business Report Filings  
PO Box 1500  
Tallahassee, FL 32302-1500

Re: Woodard Vault Service, Inc.  
Uniform Business Report

To whom it may concern;

I received a notice stating that your office did not get our renewal. I have attached a copy of the UBR that was sent to your office on April 17, 2003 along with a check for \$150.00. Per our Bank the check has not cleared yet. So, I have attached a new check for the renewal fee of \$150.00 and stop payment on the old check.

Also, if you could please change the principal place of business to 939 North Riverhills Dr., Temple Terrace, FL. 33617. We just moved August 29, 2003.

If you have any questions, please do not hesitate to contact me at 813-299-0726.

Thank you,

  
Angela Woodard