

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 28, 2000 8:00 am**  
**Secretary of State**

03-28-2000 90053 021 \*\*\*150.00

**DOCUMENT # 387346**

1. Entity Name

**WILLIAM M. WOOD COMPANY**

Principal Place of Business

Mailing Address

4250 LAKESIDE DR  
 SUITE 108  
 JACKSONVILLE FL 32210  
 US

P.O. BOX 33 ORTEGA STATION  
 JACKSONVILLE FL 32210-0033

2. Principal Place of Business

4168 Oxford Avenue

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Jacksonville, FL

City & State

4. FEI Number

59-1359953

Applied For

Not Applicable

Zip  
 32210

Country  
 USA

Zip

Country

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

WOOD, WILLIAM M  
 4637 ORTEGA BLVD  
 JACKSONVILLE FL 32210

Name

Street Address (P.O. Box Number is Not Acceptable)  
 549 Ponte Vedra Blvd.

City  
 Ponte Vedra Beach

FL

Zip Code  
 32082

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.

2/11/00

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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 DC  Delete  
 NAME WOOD, WM M  
 STREET ADDRESS 4637 ORTEGA BLVD  
 CITY-ST-ZIP JACKSONVILLE FL

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS 549 Ponte Vedra Blvd.  
 CITY-ST-ZIP Ponte Vedra Beach, FL 32082

TITLE ST  Delete  
 NAME WOOD, RUTHANN I  
 STREET ADDRESS 4637 ORTEGA BLVD  
 CITY-ST-ZIP JACKSONVILLE FL

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS 549 Ponte Vedra Blvd.  
 CITY-ST-ZIP Ponte Vedra Beach, FL 32082

TITLE VP  Delete  
 NAME WOOD, WILLIAM M. JR.  
 STREET ADDRESS 1846 MARGARET STREET, SUITE #9A  
 CITY-ST-ZIP JACKSONVILLE FL

TITLE  Change  Addition  
 NAME President  
 STREET ADDRESS 4989 Apache Avenue  
 CITY-ST-ZIP Jacksonville, FL 32210

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

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: William M. Wood, Jr. **William M. Wood, Jr.** 2/11/00 **(904) 384-7712**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



DO NOT WRITE IN THIS SPACE