

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 05, 2001 8:00 am**  
**Secretary of State**

02-05-2001 90081 004 \*\*\*150.00

**DOCUMENT # 387346**

1. Entity Name  
**WILLIAM M. WOOD COMPANY**

Principal Place of Business <b>4188 OXFORD AVE                  JACKSONVILLE FL 32210                  US</b>	Mailing Address <b>P.O. BOX 33 ORTEGA STATION                  JACKSONVILLE FL 32210</b>
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State

Zip	Country	Zip	Country
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4. FEI Number **59-1359953**

Applied For
Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**WOOD, WILLIAM M  
 549 PONTE VEDRA BLVD  
 PONTE VEDRA BEACH FL 32082**

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.

SIGNATURE \_\_\_\_\_ (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, 2001 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

TITLE	<b>DC</b>	<input type="checkbox"/> Delete
NAME	<b>WOOD, WM M</b>	
STREET ADDRESS	<b>549 PONTE VEDRA BLVD</b>	
CITY-ST-ZIP	<b>PONTE VEDRA BEACH FL 32082</b>	
TITLE	<b>ST</b>	<input type="checkbox"/> Delete
NAME	<b>WOOD, RUTHANN I</b>	
STREET ADDRESS	<b>549 PONTE VEDRA BLVD</b>	
CITY-ST-ZIP	<b>PONTE VEDRA BEACH FL 32082</b>	
TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>WOOD, WILLIAM M. JR.</b>	
STREET ADDRESS	<b>4989 APACHE AVE</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32210</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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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. President 2/1/01 904-384-7712

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)