

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 30, 2004 8:00 am
Secretary of State

DOCUMENT # 446989

1. Entity Name

B. F. WOOD PLUMBING & HEATING, INC.



03-30-2004 90012 029 ***150.00

DO NOT WRITE IN THIS SPACE

94039822

2. Principal Place of Business

2900 Marise Street

Suite, Apt. #, etc.

Tallahassee, Florida

City & State

3. Mailing Address

2900 Marise Street

Suite, Apt. #, etc.

2900 Marise Street

City & State

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-1511933

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

**DO NOT WRITE
IN THIS SPACE**

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME PD
STREET ADDRESS WOOD, C. SCOTT
CITY-ST-ZIP 1208 Lawndale Rd. Talla.

TITLE
NAME DVS
STREET ADDRESS WOOD, ELIZABETH A.
CITY-ST-ZIP 2900 MARISE ST.
TALLAHASSEE, FLORIDA

TITLE
NAME T
STREET ADDRESS WOOD, ELIZABETH A.
CITY-ST-ZIP 2900 MARISE ST.
TALLAHASSEE, FLORIDA

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CITY-ST-ZIP

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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 on an attachment with an address, with or without other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/27/04

(850) 576-3434

Date

Daytime Phone #

CR2E034B (12/02)