

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 91068 004 ***158.75

DOCUMENT # 492189

1. Entity Name
BISHOP WOODS, INC.



Principal Place of Business
**1418 GA. HWY 133 S.
MOULTRIE GA 31768**

Mailing Address
**P.O. BOX 803
MOULTRIE GA 31776**

11004597



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1633760**

Applied For
Not Applicable

☐ CHECK HERE IF MAKING CHANGES

Zip Country

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

**BISHOP, MARVIN L
44 CONNIE DR
CRAWFORDVILLE FL 32327**

Name **Jesse Quigg**
Street Address (P.O. Box Number is Not Acceptable)
859 Oak Park Rd.
City **Sopchoppy FL** Zip Code **32358**

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 **4/18/03**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **VSD** ☐ Delete
NAME **BISHOP, RONALD N. SR.**
STREET ADDRESS **466 SUMNER RD**
CITY-ST-ZIP **MOULTRIE GA**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **PTD** ☐ Delete
NAME **BISHOP, SANDRA**
STREET ADDRESS **44 CONNIE DR**
CITY-ST-ZIP **CRAWFORDVILLE FL 32327**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **216 Horseshoe Dr.**
CITY-ST-ZIP **Moultrie, GA 31788**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

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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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sandra D. Bishop P/Date

4/18/03 224-840-1044 Daytime Phone #

CR2E034 (10/02)