

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 537175

1. Entity Name

WOODY'S PROP SHOP, INC.

FILED

Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90106 004 ***150.00

Principal Place of Business
11320 SYLVAN GREEN LANE
RIVERVIEW FL 33568
US

Mailing Address
11320 SYLVAN GREEN LN
RIVERVIEW FL 33569-5227
US

00002897



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.
City & State

3. Mailing Address
Suite, Apt. #, etc.
City & State

4. FEI Number 59-1803205
Applied For
Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent

WOOD, DONALD L
11320 SYLVAN GREEN LANE
RIVERVIEW FL 33569

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, 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	P	<input type="checkbox"/> Delete	TITLE	T/S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Add
NAME	WOOD, DONALD L		NAME	Wood, Donald L.	
STREET ADDRESS	11320 SYLVAN GREEN LANE		STREET ADDRESS	11320 Sylvan Green Ln.	
CITY-ST-ZIP	RIVERVIEW FL 33568		CITY-ST-ZIP	Riverview, FL 33568	
TITLE		<input type="checkbox"/> Delete	TITLE	V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Add
NAME			NAME	Wood, Lorraine E	
STREET ADDRESS			STREET ADDRESS	11320 Sylvan Green Ln.	
CITY-ST-ZIP			CITY-ST-ZIP	Riverview, FL 33568	
TITLE		<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME			NAME	Steven H. Wood	
STREET ADDRESS			STREET ADDRESS	11320 Sylvan Green Ln.	
CITY-ST-ZIP			CITY-ST-ZIP	Riverview, FL 33568	
TITLE		<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME			NAME	Wood, Stanley L.	
STREET ADDRESS			STREET ADDRESS	7747 Danu Dr.	
CITY-ST-ZIP			CITY-ST-ZIP	Orlando, FL 32822	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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:

SIGNATURE OF DONALD L. WOOD
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-7-2000 813-677-5132

Date Daytime Phone #