

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

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90154 036 ***150.00

DOCUMENT # 562558

1. Entity Name

SOUNDVIEW WOODS, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

176 STEARNS STREET

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box

Suite, Apt. #, etc.

716

DO NOT WRITE IN THIS SPACE

City & State

GULF BREEZE FL

City & State

Gulf Breeze, FL

4. FEI Number

59-1799501

Applied For

Not Applicable

Zip

32561

Country

Zip

32562

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Frederick Gillmore, III

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

5985 Tonawanda Drive

City

Pensacola

FL

Zip Code

32506

**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.

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) ☒

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$81.25

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 D
NAME Davis, Corbett
STREET ADDRESS 1430 Bayshore Terrace
CITY - ST - ZIP Gulf Breeze, FL 32561

TITLE STD
NAME Gillmore, Frederick III
STREET ADDRESS 5985 Tonawanda Drive
CITY - ST - ZIP Pensacola, FL 32506

TITLE PD
NAME Ross, Aubrey L.
STREET ADDRESS 176 Stearns Street
CITY - ST - ZIP Gulf Breeze, FL 32506

TITLE D
NAME Eggart, R. Brownlee
STREET ADDRESS P.O. Box 716
CITY - ST - ZIP Gulf Breeze, FL 32562

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Aubrey L. Ross Aubrey L. Ross

Date

850-932-2271

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/01)