

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

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90163 047 ***150.00

DOCUMENT # **565220**

1. Entity Name

WOODLAKE DEVELOPMENTS, INC



DO NOT WRITE IN THIS SPACE

94068654

2. Principal Place of Business

WELLINGTON

3. Mailing Address

2706 YARMOUTH DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

WELLINGTON FL

City & State

WELLINGTON FL

4. FEI Number

59-1787804

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

ALVIRA KAPLAN

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

6515 VIA PRIMO

City

LAKE WORTH, FL 33467-

8. The above named entity submits this statement for the purpose of changing its registered office, registered agent, or both, in the State of Florida. I am familiar with 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

STREET ADDRESS

CITY-ST-ZIP

**PRES, SECRETARY, DIR
TARMO PURRE
2706 YARMOUTH DR
WELLINGTON, FL 33414-
7649**

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

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IN THIS SPACE**

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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRES

Apr 22/04

Date

Daytime Phone #

561-745-6889

CR2E034B (12/02)