

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

FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90220 027 ***150.00

DOCUMENT # 612282

1. Entity Name
John Woody, Inc.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

754 Harrison St.

3. Mailing Address

P. O. Box 60218

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Jacksonville, FL

City & State

Jacksonville, FL

4. FEI Number

59-1896667

Applied For

Not Applicable

Zip

32220

Country

Duval

Zip

32236-0218

Country

Duval

5. Certificate of Status Desired ☒

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name
Woodall, Betty J.

Street Address (P.O. Box Number is Not Acceptable)
412 Royal Crescent Court

City St. Augustine **FL** **Zip Code** 32092

**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
SD
NAME
Woodall, Weldon
STREET ADDRESS
412 Royal Crescent Court
CITY-ST-ZIP
St. Augustine, FL 32092

TITLE
TD
NAME
Woodall, Betty
STREET ADDRESS
412 Royal Crescent Court
CITY-ST-ZIP
St. Augustine, FL 32092

TITLE
PD
NAME
Woodall, Michael
STREET ADDRESS
424 Oak Pond Dr.
CITY-ST-ZIP
Jacksonville, FL 32257

TITLE
NAME
STREET ADDRESS
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 and an officer or director empowered.

SIGNATURE **Michael Woodall, President 03/27/03**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(904) 783-2411

CR2E034B (12/02)