2000 UNIFORM BUSINESS REPORT (UBR) AMENDED

DOCUMENT # 656348 (0)

1. Entity Name

S. A. WOOD, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 JUL -3 PM 3:00

Principal Place of Business	Mailing Address
2234 WILTON DR WILTON MANORS FL 33365	2732 NE 1ST WAY WILTON MANORS FL 33334-1013

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2734 NE 1ST WAY	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip 33334 Country	Zip Country

4. FEI Number 65-048 6460 ☐ Applied For ☐ Not Applicable

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
~~WILLIAM LUNDBERG~~ Cindy Lou Lundberg 2732 NE 1ST WAY WILTON MANORS FL 33334 address change	Name ~~William~~ Lundberg, Cindy Lou Street Address (P.O. Box Number is Not Acceptable) 1500 Canal Ct City Tavares FL Zip Code 32778

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 Cindy Lou Lundberg Cindy Lou Lundberg 5/1/00
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) ☐

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P/D LUNDBERG, LINDY LOU 2732 NE 1ST WAY WILTON MANORS FL 33334	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V/S/D LUNDBURG, WILLIAM 2732 NE 1ST WAY WILTON MANORS FL 33334	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	400003327734---0 -07/19/00--01051--005 *****61.25 **[illegible]61.25 ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 8/9/11
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: Cindy Lou Lundberg Cindy Lou Lundberg 352-742-0403
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Pres. Daytime Phone #