

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2002 8:00 am
Secretary of State

04-09-2002 90063 012 ***150.00

DOCUMENT # 665201

1. Entity Name

WOODLAKE REALTY, INC.

Principal Place of Business

**1150 MALABAR RD SE
STE 119
PALM BAY FL 32907
US**

Mailing Address

**1150 MALABAR RD SE
STE 119
PALM BAY FL 32907
US**

2. Principal Place of Business

828 Malabar Rd SE
Suite, Apt. #, etc.

3. Mailing Address

828 Malabar Rd SE
Suite, Apt. #, etc.

City & State

Palm Bay FL

City & State

Palm Bay FL

4. FEI Number

59-1995057

Applied For

Not Applicable

Zip

32907

Country

USA

Zip

32907

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**LEE, SYLVIA M.
4680 LIPSCOMB ST NE STE 6
PALM BAY FL 32905**

7. Name and Address of New Registered Agent

Name

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

828 Malabar Rd SE

City

Palm Bay

FL

Zip Code

32907

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) ☐

**FILE NOW!!! FEE IS \$150.00
After May 1, 2002 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

TITLE	PD	<input type="checkbox"/> Delete
NAME	LEE, SYLVIA M.	
STREET ADDRESS	4680 LIPSCOMB ST NE STE 6	
CITY-ST-ZIP	PALM BAY FL 32905	
TITLE	TD	<input type="checkbox"/> Delete
NAME	LEE, SYLVIA M.	
STREET ADDRESS	4680 LIPSCOMB ST NE STE 6	
CITY-ST-ZIP	PALM BAY FL 32905	
TITLE	VDS	<input type="checkbox"/> Delete
NAME	MAYNARD, SHARON LEE	
STREET ADDRESS	1150 MALABAR ROAD SE, SUITE 119	
CITY-ST-ZIP	PALM BAY FL 32907	
TITLE	TD	<input type="checkbox"/> Delete
NAME	LEE, SYLVIA M	
STREET ADDRESS	4680 LIPSCOMB ST NE STE 6	
CITY-ST-ZIP	PALM BAY FL 32905	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	828 Malabar Rd SE	
CITY-ST-ZIP	Palm Bay FL 32907	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	828 Malabar Rd SE	
CITY-ST-ZIP	Palm Bay FL 32907	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	828 Malabar Rd SE	
CITY-ST-ZIP	Palm Bay FL 32907	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

Sharon L. Maynard
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SHARON L. MAYNARD

Date

4/2/02

Daytime Phone #

321 723-8700

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