

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 18, 2001 8:00 am**  
**Secretary of State**

04-18-2001 90021 048 \*\*\*150.00

**DOCUMENT # F97000006952**

1. Entity Name  
**JOE E WOODS, INC.**

Principal Place of Business      Mailing Address  
**63 E MAIN STREET, STE #401**      **63 E MAIN STREET, STE #401**  
**MESA AZ 85201-7418**                      **MESA AZ 85201-7418**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number **86-0341064**      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

**C T CORPORATION SYSTEM**  
**1200 SOUTH PINE ISLAND ROAD**  
**PLANTATION FL 33324**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City      **FL**      Zip Code

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 \_\_\_\_\_ (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, 2001 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	<b>PD</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>NITTI, RAYMOND M</b>	NAME	
STREET ADDRESS	<b>63 E MAIN STREET, STE #401</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>MESA AZ</b>	CITY-ST-ZIP	
TITLE	<b>VTD</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JAMES, DAVID L</b>	NAME	
STREET ADDRESS	<b>63 E MAIN STREET, STE #401</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>MESA AZ</b>	CITY-ST-ZIP	
TITLE	<b>S</b> <input checked="" type="checkbox"/> Delete	TITLE	<b>Secretary</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WOODS, NINA</b>	NAME	<b>JAMES, DAVID L</b>
STREET ADDRESS	<b>63 E MAIN STREET, STE #401</b>	STREET ADDRESS	<b>63 E. Main Street, Suite 401</b>
CITY-ST-ZIP	<b>MESA AZ</b>	CITY-ST-ZIP	<b>Mesa, AZ 85201-7418</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WOODS, GRANT</b>	NAME	
STREET ADDRESS	<b>63 E MAIN STREET, STE #401</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>MESA AZ</b>	CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WOODS, JOE E</b>	NAME	
STREET ADDRESS	<b>63 E MAIN STREET, STE #401</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>MESA AZ</b>	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<b>VP</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	<b>ZEIDLER, GIDEON H.</b>
STREET ADDRESS		STREET ADDRESS	<b>63 E. Main Street, Suite 401</b>
CITY-ST-ZIP		CITY-ST-ZIP	<b>Mesa, AZ 85201-7418</b>

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:      **David James, Executive VP/CFO**      **480/964-4560**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (10/00)

DOCUMENT

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948952

ATTACHMENT TO 2001 UNIFORM BUSINESS REPORT

DOCUMENT # F97000006952

JOE E. WOODS, INC.

FEI Number 86-0341064

12. Additions/Changes to Officers and Directors in 11

This would be an ADDITION

Title	Vice President
Name	TAYLOR, STEVEN M.
Street Address	63 E. Main Street, Suite 401
City - ST - ZIP	Mesa, AZ 85201-7418