

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**


FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90256 036 ***150.00

0656280 AT

DOCUMENT # F97000006952

1. Entity Name
JOE E WOODS, INC.



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

Mailing Address
63 E MAIN STREET, STE #401
MESA AZ 85201-7418

11017765



2. Principal Place of Business
1620 W. Fountainhead Pkwy.

3. Mailing Address
1620 W. Fountainhead Pkwy.

Suite, Apt. #, etc.
Suite 600

XX CHECK HERE IF MAKING CHANGES

City & State
Tempe, AZ

4. FEI Number **86-0341064**

Applied For
 Not Applicable

Zip **85282-1844** Country **Maricopa**

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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	PD NITTI, RAYMOND M 63 E MAIN STREET, STE #401 MESA AZ 85201-7418	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GALAN, JUAN C 63 E MAIN STREET, STE #401 MESA AZ 85201-7418	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GALAN, JUAN C 63 E MAIN STREET, STE #401 MESA AZ 85201-7418	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WOODS, GRANT 63 E MAIN STREET, STE #401 MESA AZ 85201-7418	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WOODS, JOE E 63 E MAIN STREET, STE #401 MESA AZ 85201-7418	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ZEIDLER, GIDEON H 63 E MAIN STREET SUITE 401 MESA AZ 85201-7418	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1620 W. Fountainhead Pkwy., Suite 600 Tempe, AZ 85282-1844	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1620 W. Fountainhead Pkwy., Suite 600 Tempe, AZ 85282-1844	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1620 W. Fountainhead Pkwy., Suite 600 Tempe, AZ 85282-1844	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1620 W. Fountainhead Pkwy., Suite 600 Tempe, AZ 85282-1844	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Juan C. Galan* **REQUIRED** Juan C. Galan 4/4/2003 480/964-4560

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)