

2000' UNIFORM BUSINESS REPORT (UBR)

DOCUMENT

1. Entity Name

Florida Corporate File No.: F99000002747 ✓
Woodmanovich, Inc.

FILED
Feb 29, 2000 8:00 am
Secretary of State

02-29-2000 90182 004 ***150.00

Principal Place of Business

5859 Lake Worth Road
Greenacres, FL 33463

Mailing Address

13 Longwood Court
Algonquin, IL 60102

2. Principal Place of Business

5859 Lake Worth Road
Suite, Apt. #, etc.

3. Mailing Address

13 Longwood Court
Suite, Apt. #, etc.

City & State

Greenacres, FL

City & State

Algonquin, IL

4. FEI Number

36-4288051

Applied For

Not Applicable

Zip
33463

Country
USA

Zip
60102

Country
USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

c/o CT Corporation Systems
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.

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, 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

TITLE	President/Director	<input type="checkbox"/> Delete
NAME	Barry S. Wood	
STREET ADDRESS	13 Paul Road	
CITY-ST-ZIP	Maple Shade, NJ 08052	
TITLE	Vice President/Director	<input type="checkbox"/> Delete
NAME	Joseph Mancini	
STREET ADDRESS	309 Dee Court	
CITY-ST-ZIP	Bloomington, IL 60108	
TITLE	Secretary/Director	<input checked="" type="checkbox"/> Delete
NAME	Michael Milanovich	
STREET ADDRESS	13 Longwood Court	
CITY-ST-ZIP	Algonquin, IL 60102	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	Secretary/Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Cynthia Milanovich	
STREET ADDRESS	13 Longwood Court	
CITY-ST-ZIP	Algonquin, IL 60102	
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		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Cynthia Milanovich/Secretary

847-658-1385

Date

Daytime Phone #

CR2E034 (9/99)