

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G32171

1. Entity Name

JARVIS WOOD, INC.

FILED
Feb 14, 2000 8:00 am
Secretary of State

02-14-2000 90172 029 ***150.00

Principal Place of Business

Mailing Address

1321 CORNER OAKS DR
BRANDON FL 33510

1321 CORNER OAKS DR
BRANDON FL 33594-3838

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

452 Summit Chase DR. 452 Summit Chase DR.

City & State

City & State

VALRICO FL

VALRICO, FL.

Zip

Country

Zip

Country

33594

U.S.A.

33594

U.S.A.

4. FEI Number

59-2271606

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

WOOD, JARVIS

1321 CORNER OAKS DR
BRANDON FL 33510

Name

JARVIS WOOD

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

452 Summit Chase DR.

City

VALRICO

FL

33594

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
WOOD, JARVIS
1321 CORNER OAKS DR
BRANDON FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D. WOOD, JARVIS
452 Summit Chase DR.
VALRICO FL 33594 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
WOOD, SANDRA K.
1321 CORNER OAKS DR
BRANDON FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P.S.T.
WOOD, SANDRA K
452 Summit Chase DR
VALRICO, FL. 33594 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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TITLE
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SANDRA K WOOD

813 644 8152

2-9-00

Daytime Phone #

CR2E034 (9/99)