

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **H38807**

1. Entity Name
WOODALL ENTERPRISES, INC.

FILED
Mar 12, 2002 8:00 am
Secretary of State

03-12-2002 90264 035 ***150.00

Principal Place of Business
**754 HARRISON AVE
JACKSONVILLE FL 32220
US**

Mailing Address
**P.O. BOX 60218
JACKSONVILLE FL 32236-0218**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2585274**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**WOODALL, WELDON
3245 HATTIE BROOK LN
JACKSONVILLE FL 32217**

Name
Woodall, Weldon

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

412 Royal Crescent Court

City
St. Augustine

FL Zip Code
32092

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **WOODALL, WELDON**
STREET ADDRESS **3245 HATTIE BROCK LANE**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **President** ☒ Change ☐ Addition
NAME **Woodall, Weldon**
STREET ADDRESS **412 Royal Crescent Court**
CITY-ST-ZIP **St. Augustine, Fl. 32092**

TITLE **VS** ☐ Delete
NAME **WOODALL, MICHAEL**
STREET ADDRESS **424 OAK POND DR**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **T** ☐ Delete
NAME **WOODALL, BETTY**
STREET ADDRESS **3245 HATTIE BROCK LANE**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **Treasurer** ☒ Change ☐ Addition
NAME **Woodall, Betty**
STREET ADDRESS **412 Royal Crescent Court**
CITY-ST-ZIP **St. Augustine, Fl. 32092**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 officer-like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael Woodall

Secretary

2-27-02 904-783-2411

Date

Daytime Phone #

CR2E034 (9/01)