

2002 UNIFORM BUSINESS REPORT (UBR)

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

03-12-2002 90264 035 \*\*\*150.00

DOCUMENT # **H38807**

1. Entity Name  
**WOODALL ENTERPRISES, INC.**

Principal Place of Business <b>754 HARRISON AVE          JACKSONVILLE FL 32220          US</b>	Mailing Address <b>P.O. BOX 60218          JACKSONVILLE FL 32236-0218</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>59-2585274</b>		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> - <b>\$8.75 Additional Fee Required</b>			
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
<b>WOODALL, WELDON          3245 HATTIE BROOK LN          JACKSONVILLE FL 32217</b>				Name <b>Woodall, Weldon</b>					
				Street Address (P.O. Box Number is Not Acceptable) <b>412 Royal Crescent Court</b>					
				City <b>St. Augustine</b>		FL		Zip Code <b>32092</b>	

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) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2002 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>WOODALL, WELDON</b> <b>3245 HATTIE BROCK LANE</b> <b>JACKSONVILLE FL</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President</b> <b>Woodall, Weldon</b> <b>412 Royal Crescent Court</b> <b>St. Augustine, Fl. 32092</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VS</b> <b>WOODALL, MICHAEL</b> <b>424 OAK POND DR</b> <b>JACKSONVILLE FL</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>WOODALL, BETTY</b> <b>3245 HATTIE BROCK LANE</b> <b>JACKSONVILLE FL</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Treasurer</b> <b>Woodall, Betty</b> <b>412 Royal Crescent Court</b> <b>St. Augustine, Fl. 32092</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE 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 the other like empowered.

SIGNATURE Michael Woodall **Michael Woodall** 2-27-02 904-783-2411  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Secretary Date Daytime Phone #

CR2E034 (9/01)