

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2002 8:00 am
Secretary of State

04-02-2002 90944 047 ***150.00

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DOCUMENT # H59851

1. Entity Name

ROBERT WOOD PRODUCTIONS, INC.

Principal Place of Business

**5827 SW 1ST COURT
P.O. BOX 06045 (FT MYERS 339066045)
CAPE CORAL FL 33914**

Mailing Address

**5827 SW 1ST COURT
P.O. BOX 06045 (FT MYERS 339066045)
CAPE CORAL FL 33914**

2. Principal Place of Business

139 SW 51st Terrace

Suite, Apt. #, etc.

3. Mailing Address

139 SW 51st Terrace

Suite, Apt. #, etc.

City & State

Cape Coral FL

Zip **33914**

Country **Lee**

City & State

Cape Coral FL

Zip **33914**

Country **Lee**

4. FEI Number

65-0165127

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**WOOD, DENISE L
5827 SW 1ST COURT
CAPE CORAL FL 33914**

7. Name and Address of New Registered Agent

Name **Denise L Wood**
Street Address (P.O. Box Number is Not Acceptable) **139 SW 51st Terrace**
City **Cape Coral** FL Zip Code **33914**

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

Denise L Wood V. Pres

3-25-02

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD WOOD, ROBERT F. 5827 SW 1ST COURT CAPE CORAL FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS WOOD, DENISE L. 5827 SW 1ST COURT CAPE CORAL FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
139 SW 51 st Terrace Cape Coral, FL 33914	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
139 SW 51 st Terrace Cape Coral, FL 33914	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:

Denise L Wood V. Pres

Date

Daytime Phone #

CR2E034 (9/01)