

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 15, 2000 8:00 am**  
**Secretary of State**  
 08-15-2000 90015 017 \*\*\*158.75

**DOCUMENT # H 77702**

1. Entity Name

Woodroffe Corporation Architects

Principal Place of Business

Mailing Address

5005 Laurel St, Suite 215  
 Tampa, FL 33607 - 3826

00079178

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 215

City & State  
 Tampa, FL

City & State

Zip  
 33607

Country

Zip

Country

4. FEI Number

59-2572241

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
 Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WOODROFFE, ENRIQUE  
 LAUAL ST  
 SUITE 215  
 TAMPA, FL 33607

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PVT**  
 NAME **WOODROFFE, ENRIQUE**  
 STREET ADDRESS **3333 HENDERSON BLVD STE 200**  
 CITY-ST-ZIP **TAMPA, FL**

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

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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)(f), 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:

Enrique A. Woodroffe, President

8/11/00

813-281-0411

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)



attachment # H 7702 DW79178  
Woodroffe Corporation Architects  
5005 West Laurel Street, Suite 215  
Tampa, Florida 33607

(813) 281-0411 - FAX (813) 281-8921

## TRANSMITTAL LETTER

Florida  
To: Department of State  
Date: 7/26/00  
Project No.:  
Re:  
Attention:

We are sending you:

☐ Enclosed ☐ Under Separate Cover ☐ Via:

Pages (including cover sheet). Please call our office if you do not receive all pages.

the following items:

Copies	Dated	Description

These are transmitted as checked below:

☐ For Approval ☐ For Your Use  
☐ As Requested ☒ For Your Information  
☐ For Review and Comment ☐

Remarks:

I was told when I inquired about this that the application was sent to our old address on Henderson Blvd. and that late fee would be waived. Thank you very much. We would appreciate receiving the certificate as soon as possible.

Copy To: File

Signed: Came Woodroffe