

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 15, 2000 8:00 am
Secretary of State

08-15-2000 90015 017 ***158.75

00079178

DOCUMENT # H 77702
 1. Entity Name
 Woodroffe Corporation Architects P

Principal Place of Business Mailing Address
 5005 Laurel St, Suite 215
 Tampa, FL, 33607 - 3826

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 Suite 215
 City & State City & State
 Tampa, FL.
 Zip Country Zip Country
 33607

4. FEI Number Applied For
 59-2572241 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
 WOODROFFE, ENRIQUE
 LAUAL ST
 SUITE 215
 TAMPA, FL 33607

7. Name and Address of New Registered Agent
 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 _____ (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 17, 2000 Fee will be \$250.00
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 PVT	WOODROFFE, ENRIQUE	<input type="checkbox"/> Delete
NAME	3333 HENDERSON BLVD STE 200	
STREET ADDRESS	TAMPA, FL	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> 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)(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 # H7702 DW79118
 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