

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H77702

1. Entity Name

WOODROFFE CORPORATION, ARCHITECTS

**FILED**  
**Jan 25, 2001 8:00 am**  
**Secretary of State**

01-25-2001 90093 001 \*\*\*150.00

01-25-2001 90093 002 \*\*\*\*\*8.75

Principal Place of Business Mailing Address  
5005 LAUAL ST 5005 Laurel St.  
SUITE 215 SUITE 215  
TAMPA FL 33607 TAMPA FL 33607  
US US

23094



DO NOT WRITE IN THIS SPACE

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

4. FEI Number 59-2572241 Applied For Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
WOODROFFE, ENRIQUE  
~~LAUAL ST~~ Laurel St.  
SUITE 215  
TAMPA FL 33607

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
5005 Laurel St., Suite 215  
City Tampa FL Zip Code 33607

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 1, 2001 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 ☐ Delete  
PVT WOODROFFE, ENRIQUE  
STREET ADDRESS 3000 HENDERSON BLVD STE 200  
CITY-ST-ZIP TAMPA FL 33607  
5005 Laurel St. Suite 215

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  
TITLE NAME ☐ Change ☐ Addition  
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 all other like empowered.

SIGNATURE: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)