

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 25, 2002 8:00 am
Secretary of State
 03-25-2002 90175 014 ***150.00

NOT
 138
 AV

DOCUMENT # J41735

1. Entity Name
WOODBOROUGH CORPORATION

Principal Place of Business

~~RT 8 BOX 804~~
~~LAKE CITY FL 32055~~
~~US~~

Mailing Address

~~RT 8 BOX 804~~
~~LAKE CITY FL 32055~~
~~US~~

00043307



2. Principal Place of Business

1232 E. Baya Ave
 Suite, Apt. #, etc.

3. Mailing Address

1232 E. Baya Ave.
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Lake City, FL

City & State

Lake City, FL

4. FEI Number **59-2743717**

Applied For

Not Applicable

Zip

32025

Country

USA

Zip

32025

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

ROWAN, WILLIAM C.
RT 8 BOX 804 N/A
LAKE CITY FL 32055

7. Name and Address of New Registered Agent

Name **(Same)**
 Street Address (P.O. Box Number is Not Acceptable)
Scenic Lake Drive
Route 8 Box 837
 City **Lake City FL** Zip Code **32055**

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, 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 **P** ☐ Delete
 NAME **ROWAN, WILLIAM C.**
 STREET ADDRESS **RT 8 BOX 804 NA**
 CITY-ST-ZIP **LAKE CITY FL**

TITLE **DST** ☐ Delete
 NAME **ROWAN, T. EARL**
 STREET ADDRESS **3746 PEACOCK DR**
 CITY-ST-ZIP **MELBOURNE FL 32904**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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)(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

9-12-02 386 753 0290

Date

Daytime Phone #

CR2E034 (9/01)