

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J57426

1. Entity Name

PATRICIA A. WOOD P.A.

FILED
May 22, 2000 8:00 am
Secretary of State

05-22-2000 90008 027 ***150.00

Principal Place of Business

34650 US HWY 19 N
SUITE 107
PALM HARBOR FL 34684
US

Mailing Address

309 PLYMOUTH ST
SAFETY HARBOR FL 34695-2720
US

2. Principal Place of Business

18870 US 19 N
Suite, Apt. #, etc.
300

3. Mailing Address

309 PLYMOUTH ST
Suite, Apt. #, etc.

City & State

CLEARWATER
~~SAFETY HARBOR~~

City & State

SAFETY HARBOR, FL

Zip

34619

Country

PINELLAS

Zip

34695

Country

PINELLAS

6. Name and Address of Current Registered Agent

WOOD, PATRICIA A.
309 PLYMOUTH ST.
SAFETY HARBOR FL 34695

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

Patricia A. Wood

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/29/00

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

TITLE ☐ Delete
NAME D
STREET ADDRESS WOOD, PATRICIA A.
CITY-ST-ZIP 309 PLYMOUTH ST.
SAFETY HARBOR FL 34695

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
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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

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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:

Patricia A. Wood

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/29/00 (727) 799-1550

CR2E034 (9/99)