

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J58637

1. Entity Name

WOOD YOU OF TAMPA, INC.

FILED
May 11, 2000 8:00 am
Secretary of State

05-11-2000 90200 001 *1,650.00

Principal Place of Business

Mailing Address

1809 N DALE MABRY HWY
TAMPA FL 33614

2320 N. LIBERTY ST
JACKSONVILLE FL 32206-3016
US

2. Principal Place of Business

3. Mailing Address

c/o Gerald Weedon, Esq.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1200 Riverplace Blvd., #800

City & State

City & State

Jacksonville FL 32207

4. FEI Number

59-2799327

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PAT ZIETLOW
2320 N. LIBERTY ST.
JACKSONVILLE FL 32206

Name Gerald W. Weedon

Street Address (P.O. Box Number is Not Acceptable)

1200 Riverplace Blvd., Ste. 800

City Jacksonville

FL

Zip Code 32207

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 ☐ Delete

NAME JOHNSTON, ALTON T.
STREET ADDRESS 420 MOCKINGBIRD LN
CITY-ST-ZIP AUBURN AL

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete

NAME BLANKENSHIP, CHARLES H.
STREET ADDRESS 8006 GREEN GLADE RD
CITY-ST-ZIP JACKSONVILLE FL

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ 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)(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 (9/99)