FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 06, 2005 8:00 am
Secretary of State
01-06-2005 90002 042 ***150.00

DOCUMENT # J59001

1. Entity Name
Woody's of Tampa, Inc

DO NOT WRITE IN THIS SPACE

50000218

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
1722 S. Dale Mabry		1722 S. Dale Mabry	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Tampa, FLA		City & State: Tampa, FLA	
Zip: 33629	Country: Hillsborough	Zip: 33629	Country: Hillsborough

4. FEI Number 59-2790923

5. Certificate of Status Desired ☐ $8.75 Fee Req

DO NOT WRITE IN THIS SPACE

7. **Name and Address of Current Registered Agent**

Name

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

City FL Zip

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. I am familiar with the obligations of registered agent.

SIGNATURE ______
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5 Add

10. OFFICERS AND DIRECTORS

TITLE	Pd
NAME	Gilbert, Woodrow
STREET ADDRESS	1722 S. Dale Mabry
CITY-ST-ZIP	TPA, FLA 33629
TITLE	STd
NAME	Gilbert, Danielle
STREET ADDRESS	1722 S. Dale Mabry
CITY-ST-ZIP	Tampa, FLA 33629
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. 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 10 or attachment with an address, with all other like empowered.

SIGNATURE: W Gilbert — 1/3/05 — 813-254-6752
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone