FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2008 8:00 am
Secretary of State
01-23-2008 90007 033 ***150.00

DOCUMENT # J59001

1. Entity Name
Woody's of Tampa, Inc

40008592 , V

DO NOT WRITE IN THIS SPACE

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

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2790923

5. Certificate of Status Desired ☐ $8.75 Fee R

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Danielle Gilbert

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

1722 S. Dale Mabry

City: Tampa FL 33629

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

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. ☐

10. OFFICERS AND DIRECTORS

TITLE	Pd	TITLE	
NAME	Gilbert, Woodrow	NAME	
STREET ADDRESS	1722 S. Dale Mabry	STREET ADDRESS	
CITY-ST-ZIP	Tampa, FLA 33629	CITY-ST-ZIP	
TITLE	STD	TITLE	
NAME	Gilbert, Danielle	NAME	
STREET ADDRESS	1722 S. Dale Mabry	STREET ADDRESS	
CITY-ST-ZIP	Tampa, FLA 33629	CITY-ST-ZIP	
TITLE	P	TITLE	
NAME	Coppin, Pauline	NAME	
STREET ADDRESS	1722 S. Dale Mabry	STREET ADDRESS	
CITY-ST-ZIP	Tampa, FLA 33629	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
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CITY-ST-ZIP		CITY-ST-ZIP	

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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 11 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: Danielle Gilbert 1/09/08 813-254-2806
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime