

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **JS9001**

1. Entity Name

Woodys of Tampa, Inc



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

11 FEB -1 PM 12:32

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1722 S. Dale Mabry

3. Mailing Address

1722 S. Dale Mabry

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Tampa, FL

City & State

Tampa, FL

4. FEI Number

59-2790923

5. Certificate of Status Desired ☐

\$8.75
Fee Re

**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

33609

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

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. ☐

\$
A:

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**Off
Gilbert, Woodrow
1722 S. Dale Mabry
Tampa, FL 33609**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**200193065522
02/01/11--01023--022 **150.00**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**STD
Gilbert, Danielle
1722 S. Dale Mabry
Tampa, FL 33609**

TITLE
NAME
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CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
Coppin, Laurette
1722 S. Dale Mabry
Tampa, FL 33609**

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12/2/11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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 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, attachment with an address, with all other like empowered.

SIGNATURE:

Danielle Gilbert

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

1/25/11 813-254-2806