

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **JS9001**

1. Entity Name

Woodys of Tampa Inc



FILED

12 JAN 19 PM 4:42

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**800218963628
01/19/12--01025--006 **150.00**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1722 S. Dale Mabry
Suite, Apt. # etc

3. Mailing Address

1722 S. Dale Mabry
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Tampa, FLA

City & State

Tampa, FLA

4. FEI Number

59-2790923

Applied For

Not Applicable

33629

Country

US

33629

Country

US

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

**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

Zip Code

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, and accept 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 re-registering)

DATE

1/13/12

January 1st Fee is \$150.00
After May 1st Fee is \$650.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **AD**
NAME **Gilbert, Woodrow**
STREET ADDRESS **1722 S. Dale Mabry**
CITY-ST-ZIP **Tampa, FLA 33629**

TITLE **SD**
NAME **Gilbert, Danielle**
STREET ADDRESS **1722 S. Dale Mabry**
CITY-ST-ZIP **Tampa, FLA 33629**

TITLE **D**
NAME **Coppin, Paulette**
STREET ADDRESS **1722 S. Dale Mabry**
CITY-ST-ZIP **Tampa, FLA 33629**

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

SIGNATURE **Danielle Gilbert**

1/13/12

813-254-2806