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Document # 759001 - Woodlys of Tampa, Inc

2. Principal Place of Business	3. Mailing Address	DO NOT WRITE IN THIS SPACE
1722 S. Dale Mabry Suite, Apt. #, etc.	1722 S. Dale Mabry Suite, Apt. #, etc.	
City & State: Tampa, FLA	City & State: Tampa, FLA	4. FEI Number: 59-2790923 ☐ Applied For ☐ Not Applicable
Zip: 33629 Country: US	Zip: 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 DATE: 1/16/2013
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. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE: Pd NAME: Gilbert, Woodrow STREET ADDRESS: 1722 S. Dale Mabry CITY-ST-ZIP: Tampa, FLA 33629	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: 900243895709 01/22/13-01049--013 **150.00
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: D NAME: Coppin, Paulette STREET ADDRESS: 1722 S. Dale Mabry CITY-ST-ZIP: Tampa, FLA 33629	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: **DO NOT WRITE**
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TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: FEB 01 2013 T. SCOTT	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:

CR2E034B (12/02)

11. 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 1/16/2013 (813-254-2806)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #