

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2002 8:00 am
Secretary of State

03-28-2002 90041 033 ***150.00

DOCUMENT # J66472

1. Entity Name

WOODSON & ASSOCIATES, INC.

Principal Place of Business

2189 NORTH US #1
TITUSVILLE FL 32796

Mailing Address

2189 NORTH US #1
TITUSVILLE FL 32796

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2802904

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~MILLER, PERRY W., III~~~~5145 NORTH U.S. #1~~ 2189 N. U.S. 1
~~MMIS FL 32754~~ Titusville, FL 32796

Name

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

2189 N. U.S. 1

City Titusville

FL

Zip Code 32796

8. The above named entity is the agent for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete
 NAME MILLER, PERRY W., III
 STREET ADDRESS 3540 OAK HILL DR
 CITY-ST-ZIP TITUSVILLE FL 32780

TITLE ☒ Change ☐ Addition
 NAME 2189 N. U.S. 1
 STREET ADDRESS TITUSVILLE, FL 32796
 CITY-ST-ZIP

TITLE TS ☐ Delete
 NAME MILLER, ADRIENNE M.
 STREET ADDRESS 504 BOXWOOD LANE
 CITY-ST-ZIP TITUSVILLE FL 32780 NEW SMYRNA BEACH, FL 32168

TITLE ☒ Change ☐ Addition
 NAME 504 BOXWOOD LANE
 STREET ADDRESS NEW SMYRNA BEACH, FL 32168
 CITY-ST-ZIP

TITLE V ☐ Delete
 NAME COBB, ERIC TY
 STREET ADDRESS 937 WHIPPERWILL DR
 CITY-ST-ZIP PORT ORANGE FL 32127

TITLE ☒ Change ☐ Addition
 NAME 937 WHIPPERWILL DR
 STREET ADDRESS PORT ORANGE, FL 32127
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-12-02

321-383-2355

CR2E034 (9/01)