2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # J88802					FILED			
1. Entity Name C.W. WOOD PLUMBING, INC.				Sep 14, 2000 8:00 am Secretary of State 09-14-2000 90013 001 ***550.00				
Principal Place of Business	Mailing Address		<u></u>	-1				
1328 ROMNEY ST. JACKSONVILLE FL 33211	1328 ROMNEY ST. JACKSONVILLE FL 33211				~			
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2. Principal Place of Business 3. Mailing Addre		Idress						
Suite, Apt. #, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & State	City & State			4. FEI Number	59-2857456		Applied For Not Applicable	
Zip Country	Country Zip		try	5. Certificate of	Status Desired	\$8.75 Fee Requ	Additional	
6. Name and Address of Current	Registered Agent			7. Name and Ac	Idress of New Regi			
WOOD, WALLACE SCOTT			Name					
1328 ROMNEY ST. JACKSONVILLE FL 32211			Street Address	(P.O. Box Number is	s Not Acceptable)			
			City			FL Zip (Code	
8. The above named entity submits this statement for	or the purpose of changing its	s registere	ed office or registe	ered agent, or both, i	in the State of Florida			
SIGNATURE								
Signature, typed or printed name of registered agent	and title if applicable. (NOT	E: Registered	d Agent signature require	id 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 After SEPTEMBER 1 Make Check Payal	13, 2000	Min. will be \$75	50.00 Trust	on Campaign Financ Fund Contribution		5.00 May Be ded to Fees	
11. OFFICERS AND		12.			ANGES TO OFFICE	RS AND DIRECT	ORS IN 11	
TITLE P NAME WOOD. THEODORE WALLACE STREET ADDRESS 3907 TARA HALL CITY-ST-ZIP JACKSONVILLE FL	🗆 Delete					🗋 Chan	ge 🔲 Additior	
TITLE VP NAME VP OWEN, PATRICIA B STREET ADDRESS 2866 IONIC AVE CITY-ST-ZIP JACKSONVILLE FL 33211	🗌 Delete					[]] Chan	ge 🗌 Addition	
TITLE S NAME HAINES, CINDY STREET ADDRESS 1958 BEACHSIDE CT CITY-ST-ZIP ATLANTIC BCH FL	, Delete	NAM	E E E E E E E E E E E E E E E E E E E			Chan	ge 🔲 Addition	
TITLE T NAME WOOD, WALLACE SCOTT STREET ADDRESS 11333 WOODSONG LOOP N JACKSONVILLE FL	Delete		1			Chan	ge 🗌 Additior	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Deiete		í			Chan	ge 🔲 Additior	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete	TITLE NAM STRE	E .			Chan	ge 🗌 Addition	
 13. I hereby certify that the information supplied wit indicated on this report or supplemental report i of the corporation or the receiver or trustee emp changed, or on an attachment with an address, SIGNATURE: THEONWAY, SIGNATURE AND TYPED OR 	s true and accurate and that owered to execute this report	my signat t as requir	ture shall have the red by Chapter 60	i same legai effect a	s if made under oat/	n; that I am an off opears in Block 1	cer or director	