

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J88802

1. Entity Name

C.W. WOOD PLUMBING, INC.

FILED

Apr 30, 2001 8:00 am  
Secretary of State

04-30-2001 90009 043 \*\*\*150.00

Principal Place of Business

1328 ROMNEY ST.  
JACKSONVILLE FL 32211

Mailing Address

1328 ROMNEY ST.  
JACKSONVILLE FL 32211

2. Principal Place of Business

1328 ROMNEY ST

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

JACKSONVILLE FL

City & State

FLORIDA, JACKSONVILLE

4. FEI Number

59-2857456

Applied For

Not Applicable

Zip

32211

Country

USA

Zip

32211

Country

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WOOD, WALLACE SCOTT  
1328 ROMNEY ST.  
JACKSONVILLE FL 32211

Name

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

City

FL

Zip Code

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.

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, 2001 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

TITLE	P	<input type="checkbox"/> Delete
NAME	WOOD, THEODORE WALLACE	
STREET ADDRESS	3907 TARA HALL	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	OWEN, PATRICIA B	
STREET ADDRESS	2866 IONIC AVE	
CITY-ST-ZIP	JACKSONVILLE FL 32211	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	HAINES, CINDY	
STREET ADDRESS	1958 BEACHSIDE CT	
CITY-ST-ZIP	ATLANTIC BCH FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	WOOD, WALLACE SCOTT	
STREET ADDRESS	11333 WOODSONG LOOP N	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V.P.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOOD, WALLACE SCOTT	
STREET ADDRESS	11333 WOODSONG LOOP N.	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	SEC.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARIAN ROSENBERGER	
STREET ADDRESS	1834 ALMIRA ST.	
CITY-ST-ZIP	JACKSONVILLE FL 32211	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 #

T. WALLACE WOOD 4/21/01 904 744 6604

CR2E034 (10/00)