

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

**FILED**  
**May 01, 2002 8:00 am**  
**Secretary of State**

05-01-2002 91519 044 \*\*\*150.00

**DOCUMENT #** J88802

1. Entity Name

C. W. WOOD PLUMBING INC.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

1328 Romney St.

Suite, Apt. #, etc.

3. Mailing Address

same

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Jacksonville Fl.

City & State

4. FEI Number

59-2857456

Applied For

Not Applicable

Zip

32211

Country

USA

Zip

Country

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  
Wood, Wallace Scott

Street Address (P.O. Box Number is Not Acceptable)  
1328 Romney St.

City Jacksonville

FL

Zip Code 32211

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) ☒

**January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25**  
**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 NAME STREET ADDRESS CITY-ST-ZIP	P Wood, Theodore Wallace 3907 Tara Hall Jacksonville, Fl.	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Wood, Wallace Scott 11333 Woodson Loop N Jacksonville, Fl.	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Rosenberger, Marian 1834 Almira St. Jacksonville, Fl. 32211	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Theodore Wallace Wood (P) 4/17/02 904-744-6604

Date

Daytime Phone #

CR2E034B (12/01)