2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K41927 Apr 21, 2000 8:00 am Secretary of State 1. Entity Name JOHN WOOD REALTY, INC. 04-21-2000 90092 014 ***150.00 Principal Place of Business Mailing Address C/O JOHN G. WOOD. JR. C/O JOHN G. WOOD, JR. 3601 CYPRESS GARDENS RD. SUITE A 3601 CYPRESS GARDENS RD. SUITE A WINTER HAVEN FL 33884-2456 WINTER HAVEN FL 33884-2456 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0085711 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name WOOD, JOHN G., JR. Street Address (P.O. Box Number is Not Acceptable) 3601 CYPRESS GARDENS, RD. SUITE A WINTER HAVEN FL 33880 Zin 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. DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. TITLE Change ☐ Addition TITLE ☐ Delete WOOD, JOHN G. NAME NAME STREET ADDRESS 3601 CYPRESS GARDENS RD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WINTER HAVEN FL Change ☐ Addition Delete TITLE TITLE WOOD, THOMAS H. NAME NAME 3601 CYPRESS GARDENS RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WINTER HAVEN FL CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE WOOD, JOHN G., JR. NAME NAME 3601 CYPRESS GARDENS RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WINTER HAVEN FL CITY-ST-ZIP Addition ☐ Change Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 all address, with all other like empowered.

JOHN G. WOOD T

NU G OFFICER OR DIRECTOR

863-329-9663

Daytime Phone #