**FILED** 

## 2002 UNIFORM BUSINESS REPORT (UBR)

## Apr 21, 2002 8:00 am Secretary of State DOCUMENT # K41927 1. Entity Name 04-21-2002 90947 001 \*\*\*272 JOHN WOOD REALTY, INC. 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 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0085711 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WOOD, JOHN G., JR. Street Address (P.O. Box Number is Not Acceptable) 3601 CYPRESS GARDENS, RD. SUITE A WINTER HAVEN FL 33880 Zip Code City 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE TITLE ☐ Change ☐ Addition Delete WOOD, JOHN G. NAME NAME 3601 CYPRESS GARDENS RD STREET ADDRESS STREET ADDRESS Winter Haven FL CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE Delete TITLE ☐ Change NAME WOOD, THOMAS H. NAME 3601 CYPRESS GARDENS RD STREET ADDRESS STREET ADDRESS WINTER HAVEN FL CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME WOOD, JOHN G., JR. NAME STREET ADDRESS 3601 CYPRESS GARDENS RD STREET ADDRESS WINTER HAVEN FL CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE Change NAME 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 TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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.