

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 16, 2002 8:00 am
Secretary of State

09-16-2002 90106 005 ***550.00

DOCUMENT # L26019

1. Entity Name
OAK WOODLANDS, INC.

Principal Place of Business

**PO BOX 191
 105 HATLEY STREET SE
 JASPER FL 32052**

Mailing Address

**PO BOX 191
 105 HATLEY STREET SE
 JASPER FL 32052**

2. Principal Place of Business

3. Mailing Address

Suite/Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2978597**

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**RATLIFF, RONALD H
 RT. 2 BOX 141A
 JASPER FL 32052**

7. Name and Address of New Registered Agent

Name **RATLIFF, RONALD H.**

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

14859 SE CR 137

City **JASPER**

FL

Zip Code **32052**

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. I am familiar with, and accept the obligations of registered agent.

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 \$550.00
 After September 13, 2002 Fee will be \$750.00
 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '11

TITLE **P** ☐ Delete
 NAME **RATLIFF, RONALD H**
 STREET ADDRESS **RT. 2 BOX 141A**
 CITY-ST-ZIP **JASPER FL 32052**

TITLE **P** ☐ Change ☐ Addition
 NAME **RATLIFF, RONALD H.**
 STREET ADDRESS **14859 SE CR 137**
 CITY-ST-ZIP **JASPER, FLORIDA 32052**
Address Change Only

TITLE **D** ☐ Delete
 NAME **MOODY, JAMES M**
 STREET ADDRESS **15000 OUNTY ROAD 6 EAST**
 CITY-ST-ZIP **JASPER FL 32052**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

REQUIRED RONALD H. RATLIFF
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/12/02
 Date

386-792-8484
 Daytime Phone #

CR2E034 (4/02)