

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 16, 2003 8:00 am**  
**Secretary of State**

04-16-2003 90205 022 \*\*\*150.00

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**DOCUMENT # L61153**

1. Entity Name  
**WOOLBRIGHT MOBIL CORP.**



Principal Place of Business  
**2605 S.W. 15TH STREET  
BOYNTON BEACH FL 33436-6602**

Mailing Address  
**6097 NW 79 WAY  
PARKLAND FL 33067**



2. Principal Place of Business  
**1420 SW 30th Avenue**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State  
**Boynton Bch, Fl**

City & State

4. FEI Number **65-0195525**

Applied For  
Not Applicable

Zip **33436** Country **U.S.**

Zip 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

**MARAGLINO, ANTHONY  
6097 NW 79 WAY  
PARKLAND FL 33067**

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

SIGNATURE *Anthony Maraglino*  
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE **4/14/03**

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>MARAGLINO, ANTHONY</b>	
STREET ADDRESS	<b>6097 NW 79 WAY</b>	
CITY-ST-ZIP	<b>PARKLAND FL 33067</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>MARGALINO, GRACE</b>	
STREET ADDRESS	<b>6097 NW 79 WAY</b>	
CITY-ST-ZIP	<b>PARKLAND FL 33067</b>	
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Anthony Maraglino*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/14/03**  
Date

**561-364-0156**  
Daytime Phone #

CR2E034 (10/02)