

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

FILED
Apr 02, 2002 8:00 am
Secretary of State

04-02-2002 90767 001 ***458.75

DOCUMENT # L86922

1. Entity Name

World Woods Corporation

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

One Douglas Street

Suite, Apt. #, etc.

3. Mailing Address

Attn: Controller

Suite, Apt. #, etc.

PO Box 3809

DO NOT WRITE IN THIS SPACE

City & State

Homosassa, FL

City & State

Homosassa Sp, FL

4. FEI Number

65-0206855

Applied For

Not Applicable

Zip
34446

Country
US

Zip
34447

Country
US

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name
Tanio, Jun

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

One Douglas Street

City
Homosassa

FL

Zip Code
34446

**DO NOT WRITE
IN THIS SPACE**

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
PTD
NAME
Inoue, Yukihiisa
STREET ADDRESS
18 Umenokicho, Shimogamo
CITY-ST-ZIP
Kyoto, Japan

TITLE
D
NAME
Ogasawara, Yumico
STREET ADDRESS
18 Umenokicho, Shimogamo
CITY-ST-ZIP
Kyoto, Japan

TITLE
VSD
NAME
Ishihara, Kayoko
STREET ADDRESS
3-78 Yobitsugi-cho
CITY-ST-ZIP
Aichi, Japan

TITLE
V
NAME
Cooke, Stanley
STREET ADDRESS
5 Ryewood Circle
CITY-ST-ZIP
Homosassa, FL 34446

TITLE
NAME
STREET ADDRESS
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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)(f), 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 X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Yukihiisa Inoue

Date

352-382-3112

Daytime Phone #

CR2E034B (12/01)