

FILE NOW: FILING FEE AFTER MAY 1 IS **\$225.00**

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **M92744**

(5)

1. Corporation Name

UNDERWOOD ENTERPRISES, INC.



Principal Place of Business

% JOSEPH M. GLICKSTEIN, JR.
444 THIRD STREET
NEPTUNE BEACH FL 32266

Mailing Address

% JOSEPH M. GLICKSTEIN, JR.
444 THIRD STREET
NEPTUNE BEACH FL 32266

2. Principal Place of Business

2a. Mailing Address

21 **1415 ATLANTIC BLVD STE 282**

26 **SAME**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **Atlantic Beach**

27

City & State

City & State

23 **Florida**

28

Zip

Zip

Country

Country

24 **32233**

25 **USA**

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
07/27/1988

3a. Date of Last Report
03/17/1995

4. FEI Number
59-2903645

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

10. Name and Address of New Registered Agent

NISI, FRANK P.
205 E. CENTRAL BLVD.
#304
ORLANDO FL 32801

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

(Signature typed or printed name of registered agent and not applicable)

(Printed Registered Agent Signature required after 6/30/2015)

DATE

12. OFFICERS AND DIRECTORS

TITLE **DP** ☐ DELETE
NAME **UNDERWOOD, JOHN D.**
STREET ADDRESS **444 THIRD ST**
CITY-STATE-ZIP **NEPTUNE FL**

TITLE **DST** ☐ DELETE
NAME **UNDERWOOD, SCOTT**
STREET ADDRESS **444 THIRD ST**
CITY-STATE-ZIP **NEPTUNE FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 registered or licensed employee to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13, unchanged, or on an attachment with an address.

SIGNATURE:

(Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

DATE

Signature Phone #

5/31/96 (904) 246-2025

CR2E034 (12/95)