

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000001431

1. Entity Name

911-TO-GO, INC.

**FILED**  
**May 17, 2000 8:00 am**  
**Secretary of State**

05-17-2000 90942 031 \*\*\*150.00

Principal Place of Business

Mailing Address

5275 S. NOVA ROAD  
 PORT ORANGE FL 32127

5275 S. NOVA ROAD  
 PORT ORANGE FL 32127

2. Principal Place of Business

5275 S. NOVA RD

3. Mailing Address

5275 S. NOVA RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

PORT ORANGE, FL

City & State

PORT ORANGE, FL

4. FEI Number

59-3622261

Applied For

Not Applicable

Zip

32127

Country

USA

Zip

32127

Country

USA

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

Name

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

City

FL

Zip Code

WOODWARD, JOSEPH C  
 156 BERMUDA PETREL COURT  
 DAYTONA BEACH FL 32119

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: Joseph C. Woodward

(NOTE: Registered Agent signature required when reinstating)

DATE

4-27-2000

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 \$150.00

After MAY 1, 2000 Fee will be \$550.00

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	PRESIDENT	<input type="checkbox"/> Delete
NAME	Joseph C. Woodward	
STREET ADDRESS	156 BERMUDA PETREL	
CITY-ST-ZIP	DAYTONA BEACH, FL 32119	
TITLE	VICE PRESIDENT	<input type="checkbox"/> Delete
NAME	RUSSEL BOHEN	
STREET ADDRESS	3709 WOODRIDGE PL.	
CITY-ST-ZIP	PALM HARBOR, FL 34684	
TITLE	SECRETARY	<input type="checkbox"/> Delete
NAME	PAMELA BOHEN	
STREET ADDRESS	3709 WOODRIDGE PL.	
CITY-ST-ZIP	PALM HARBOR, FL 34684	
TITLE	TREASURER	<input type="checkbox"/> Delete
NAME	REBECCA WOODWARD	
STREET ADDRESS	156 BERMUDA PETREL	
CITY-ST-ZIP	DAYTONA BEACH, FL 32119	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: Joseph C. Woodward

Date

Daytime Phone #

4-27-2000 (904)  
 756-9988

CR2E034 (9/99)