

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000002337

1. Entity Name  
WOODROSE INVESTMENTS, INC.

**FILED**  
**May 02, 2001 8:00 am**  
**Secretary of State**

05-02-2001 90131 040 \*\*\*150.00

Principal Place of Business

10871 NW 52ND STREET STE 3  
SUNRISE FL 33351

Mailing Address

10871 NW 52ND STREET STE 3  
SUNRISE FL 33351

2. Principal Place of Business

320 DIVISION AVE

Suite, Apt. #, etc.

SUITE A

City & State

ORMOND BEACH, FL

Zip

32174

Country

U.S.A.

3. Mailing Address

320 DIVISION AVE

Suite, Apt. #, etc.

SUITE A

City & State

ORMOND BEACH, FL

Zip

32174

Country

U.S.A.



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0971921

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

KNIBB, ELEANOR

10871 NW 52ND STREET STE 3  
SUNRISE FL 33351

7. Name and Address of New Registered Agent

Name

KNIBB, ELEANOR

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

320 DIVISION AVE., SUITE A

City ORMOND BEACH

FL

Zip Code 32174

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

4-26-01

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, 2001 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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PST  
KNIBB, ELEANOR  
10871 NW 52ND STREET STE 3  
SUNRISE FL 33351 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
V.C.  
CROOKS, DAVID B.  
4 WILLOW OAKS TRAIL  
ORMOND BEACH, FL 32174 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D.  
FERGUSON, ROGER  
35 OAKWOOD PARK  
ORMOND BEACH, FL 32174 ☐ Change ☒ Addition

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

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

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

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-01 (386) 677-6193

Date

Daytime Phone #

CR2E034 (10/00)