

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2002 8:00 am
Secretary of State
 05-19-2002 90066 029 ***150.00

DOCUMENT # P00000010509

1. Entity Name

WOOD CONNECTION, INC.

Principal Place of Business

49056 BELFORT ROAD
 SUITE 110
 JACKSONVILLE FL 32256

Mailing Address

49056 BELFORT ROAD
 SUITE 110
 JACKSONVILLE FL 32256

2. Principal Place of Business

4905 Belfort Road

3. Mailing Address

4905 Belfort Road

Suite, Apt. #, etc.

Suite 110

Suite, Apt. #, etc.

Suite 110

City & State

Jacksonville, FL

City & State

Jacksonville, FL

Zip

32256

Country

U.S.

Zip

32256

Country

U.S.

4. FEI Number

59-3643890

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

MATTOX, JOHN W
 4905 BELFORT ROAD
 SUITE 110
 JACKSONVILLE FL 32256

7. Name and Address of New Registered Agent

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.

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) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 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 PD ☐ Delete
 NAME MATTOX, JOHN W
 STREET ADDRESS 4360 CHELSEA HARBOR DR W
 CITY-ST-ZIP JACKSONVILLE FL 32224

TITLE D ☐ Delete
 NAME GREAVES, JOHN T
 STREET ADDRESS 21 HIDSCOPE RD
 CITY-ST-ZIP CUMNORHILL, OXFORD, ENGLAND OX-29JJ

TITLE D ☐ Delete
 NAME MATTOX, JOHN W II
 STREET ADDRESS 600 BIRGHAM PLACE
 CITY-ST-ZIP LAKE MARY FL 32746

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE D ☒ Change ☐ Addition
 NAME Greaves, John T.
 STREET ADDRESS 21 Hidscope Rd.
 CITY-ST-ZIP Cumnorhill, Oxford, England OX-29JJ

TITLE D ☒ Change ☐ Addition
 NAME
 STREET ADDRESS 12883 ETTIS ISLAND DR
 CITY-ST-ZIP JACKSONVILLE, FL 32224

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

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

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/02 904-821-2166
 Date Daytime Phone #

CR2E034 (9/01)