

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000015136

1. Entity Name

BILLS WOOD, INC.

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

05-02-2001 90036 005 ***150.00

Principal Place of Business
3900 N.W. 79TH AVE., SUITE 326
MIAMI FL 33166

Mailing Address
3900 N.W. 79TH AVE., SUITE 326
MIAMI FL 33166

2. Principal Place of Business
11958 Svelen Circle
Suite, Apt. #, etc.

3. Mailing Address
11958 Svelen Circle
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Wellington, FL
Zip
33414
Country

City & State
Wellington FL
Zip
33414
Country

4. FEI Number
65-0980265
Applied For
☒ Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

REAL, RUTH
3900 N.W. 79TH AVE., SUITE 326
MIAMI FL 33166

7. Name and Address of New Registered Agent

Name
William St John Tozer IV
Street Address (P.O. Box Number is Not Acceptable)
11958 Svelen Circle
City
Wellington FL Zip Code
33414

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

4/10/01

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
D
REAL, RUTH
3900 N.W. 79TH AVE., SUITE 326
MIAMI FL 33166 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
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CITY - ST - ZIP
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CITY - ST - ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
President
William St John Tozer IV
11958 Svelen Circle
Wellington, FL 33414 ☒ Change ☐ Addition

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

TITLE
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STREET ADDRESS
CITY - ST - ZIP
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☐ 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

Date

Daytime Phone #

4/10/01

CR2E034 (10/00)