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2002	UNIF	ORM	BUSINESS	REPORT	(UBR)
					·

DOCUMENT # P0000017803 1. Entity Name WOODMEDE DEVELOPERS, INC.					May 08, 2002 8:00 am Secretary of State 05-08-2002 90114 022 ***150.00			
Principal Place of Business 16540 DAEZA DR. WINTER GARDEN FL 34787		16540 DAE	Mailing Address 16540 DAEZA DR. WINTER GARDEN FL 34787					
2. Principal F	Place of Business	3. Mailing A	ddress					
Suite, Apt.	. #, etc.	Suite, Apt	. #, etc.		DO NOT WRITE IN THIS SPACE		IIS SPACE	
City & Sta	le	City & Sta	te		50-3625062		Applied For	
Zip	Country	Zip	C	Country	5. (Certificate of Status Desired	\$8.75 Additional Fee Required	
	6. Name and Address of Curr	rent Registered Age	ent	ļ	7. N	Name and Address of New Registere		
				Name				
	RIC R EZA DRIVE SARDEN FL 34787			Street A	ddress (P.O. B	ox Number is Not Acceptable)		
WINVER	PARIDEN FE 34/0/			City			Zip Code	
8. The above	named entity submits this stateme	ent for the purpose of	changing its regis	stered office or	registered age			
	,	,	0 0 1110				}	
SIGNATURE .	<u> </u>							
	Signature, typed or printed name of registered a	agent and title if applicable.	(NOTE: Regi:	stered Agent signat	ure required when re	instating) DAT	E	
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) FILE NOW!!! After May 1, 2002 Make Check Payable			ee will be \$5	50.00	Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees		
11:	OFFICERS A	AND DIRECTORS		12.	ADI	DITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 11	
TITLE, NAME STREET ADDRESS CITY-ST-ZIP	PT SMITH, ERICE R 16540 DAEZA DRIVE WINTER GARDEN FL 34787			TITLE NAME STREET ADDRESS CITY-ST-ZIP	Smiz Presi	Hamille +	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SMITH, MOLLIE I 6311 WESTGATE DRIVE #515 ORLANDO FL 32835		1	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Leme-	esidema , Denma vista del Lago Bl en Forden Pl 3	Change Addition	
TITLE	S			TITLE	Treas	near .	Change	
STREET ADDRESS CITY-ST-ZIP	LEMEN, DONNA 14040 VISTA DEL LAGO BLVI WINTER GARDEN FL 34787)		NAME STREET ADDRESS CITY-ST-ZIP		Darin Dr Le Gran H 34	787	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			1	TITLE NAME STREET ADDRESS CITY _S ST-ZIP	secre Eric	tary .	☐ Change ☐ Addition	
TITLE NAME			Delete 1	TITLE	WINA	w tree, pr so	☐ 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 trostee 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.

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

Secretary

Change

☐ Addition