

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 15, 2003 8:00 am
Secretary of State

01-15-2003 90247 030 ***150.00

DOCUMENT # P00000021463

1. Entity Name
WOOLBRIGHT CORP. OF BOYNTON BEACH



Principal Place of Business
**9776 SOUTH MILITARY TRAIL SUITE D2
BOYNTON BEACH FL 33436**

Mailing Address
**9776 SOUTH MILITARY TRAIL SUITE D2
BOYNTON BEACH FL 33436**

2. Principal Place of Business

3795 W. Boynton Beh Blvd

3. Mailing Address

3795 W. Boynton Beh Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State
Boynton Beach

City & State
Boynton Beach, FL

4. FEI Number **65-0987381**

Applied For
☐ Not Applicable

Zip **FL** Country **33436**

Zip **33436** Country

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

6. Name and Address of Current Registered Agent

**PETER J. SNYDER, P.A.
190 WEST PALMETTO PARK ROAD
BOCA RATON FL 33432**

7. Name and Address of New Registered Agent

Name **Mark - Freeman - MD**
Street Address (P.O. Box Number is Not Acceptable)
3795 W. Boynton Beach Blvd
City **Boynton Beach** FL Zip Code **33436**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **FREEMAN, MARK MD**
STREET ADDRESS **9776 S MILITARY TRAIL D-2**
CITY-ST-ZIP **BOYNTON BEACH FL 33436**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)