

2001 UNIFORM BUSINESS REPORT (UBR)

4/8 2/

FILED
Apr 07, 2001 8:00 am
Secretary of State

02-15-2001 90010 016 ***150.00

DOCUMENT # P00000025304

1. Entity Name
 WOOD LAW OFFICE, P.A.

Principal Place of Business
 950 N. FEDERAL HWY., SUITE 108
 POMPANO BEACH FL 33062

Mailing Address
 950 N. FEDERAL HWY., SUITE 108
 POMPANO BEACH FL 33062



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 950 N. Federal Hwy

3. Mailing Address
 950 N. Federal Hwy

Suite, Apt. #, etc.
 Suite 107

Suite, Apt. #, etc.
 Suite 107

City & State
 Pompano Beach

City & State
 Pompano Beach, FL

4. FEI Number
 65-0989441

Applied For
 Not Applicable

Zip
 FL 33062

Country

Zip
 33062

Country
 USA

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

6. Name and Address of Current Registered Agent

WOOD, JEFFREY S
 950 N. FEDERAL HWY., SUITE 107
 POMPANO BEACH FL 33062

7. Name and Address of New Registered Agent

Name: Jeffrey S. Wood
 Street Address (P.O. Box Number is Not Acceptable): 950 N. Federal Hwy Suite 107
 City: Pompano Beach FL Zip Code: 33062

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 re-registering)

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, 2001 Fee will be \$350.00
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	JEFFREY S WOOD <input type="checkbox"/> Delete 2324 NE 20TH AV. 33305 FT. LAUDERDALE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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]

2/22/01

954-545-9819

Signature and printed name of signing officer or director

Date

Daytime Phone

James H. Wood
 Jeffrey S. Wood, President / 3/26/01
 Director

CP2E034 (10/00)