FILED

## **2001 UNIFORM BUSINESS REPORT (UBR)**

## Apr 11, 2001 8:00 am Secretary of State DOCUMENT # P0000043756 BILL WOODARD ENTERPRISES, INC. 04-11-2001 90056 005 \*\*\*150.00 Principal Place of Business Mailing Address 8125 - 102ND COURT 8125 - 102ND COURT VERO BEACH FL 32967 VERO BEACH FL 32967 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-1006265 Not Applicable Country Zip Country \$8.75 Additional. 5. Certificate of Status Desired ----Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WOODARD, JUDITH E Street Address (P.O. Box Number is Not Acceptable) 8125 - 102ND COURT VERO BEACH FL 32967 Zip Code City Fl 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. TITLE Addition ☐ Delete TITLE WOODARD, WILLIAM D. 8125 102nd Court WOODARD, WILLIAM D NAME NAME 8125 - 102ND COURT STREET ADDRESS STREET ADDRESS USED BEACH; FL 32967 CITY-ST-ZIP CITY-ST-7IP VERO BEACH FL 32967 TITLE ☐ Addition Delete TITLE WOODARD, JUDITH E NAME WOODARD, JUDITH E. NAME 8125 102nd court STREET ADDRESS STREET ADDRESS 8125 - 102ND COURT VERO BEACH, FL 32967 CITY-ST-ZIP CITY-ST-ZIP VERO BEACH FL 32967 TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

TUD: 14 E. WOOD ARD 4-9-2001 561-388-3192

SRZE034 (10/00)