

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **P00000048521**

1. Entity Name

SANTANA GROUP CORPORATION



**FILED  
Mar 10, 2003 8:00 am  
Secretary of State**

03-10-2003 90777 044 \*\*\*158.75

Principal Place of Business  
850 AIRPORT RD  
PORT ORANGE FL 32124-7414

Mailing Address

850 AIRPORT RD  
PORT ORANGE FL 32124-7414

2. Principal Place of Business **3. Mailing Address**

Suite, Apt. #, etc. **Suite, Apt. #, etc.**

City & State **City & State**

Zip **32128** Country **32128**

**4. FEI Number** **59-3645392** **Applied For**  
**Not Applicable**

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

**6. Name and Address of Current Registered Agent**

WOOD, YVONNE  
850 AIRPORT ROAD  
PORT ORANGE FL 32124

**7. Name and Address of New Registered Agent**

Name		
Street Address (P.O. Box Number is Not Acceptable)		
City	FL	Zip Code 32128

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	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOOD, JACK D		NAME	
STREET ADDRESS	850 AIRPORT RD		STREET ADDRESS	
CITY-ST-ZIP	PORT ORANGE FL 32124-7414		CITY-ST-ZIP	32128
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOOD, YVONNE		NAME	
STREET ADDRESS	850 AIRPORT RD		STREET ADDRESS	
CITY-ST-ZIP	PORT ORANGE FL 32124-7414		CITY-ST-ZIP	32128
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOOD, JONATHAN D		NAME	
STREET ADDRESS	850 AIRPORT RD		STREET ADDRESS	
CITY-ST-ZIP	PORT ORANGE FL 32124-7414		CITY-ST-ZIP	32128
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			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:** *Yvonne Wood* **RE:** *Yvonne Wood* Sec/Tres

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/05/03 386 428-8999

Daytime Phone #

W  
FCC FORMS  
AV

CR2E034 (10/02)