

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

FILED

DOCUMENT # *00000062739*

1. Entity Name

*Allwood Corporation*

02 DEC 23 PM 1:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

3. Mailing Address

*3805 Palm Beach Blvd*

Suite, Apt. #, etc.  
*Fort Myers FL*

Suite, Apt. #, etc.  
*Fort Myers FL*

DO NOT WRITE IN THIS SPACE

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name  
*John R. Loneragan, Esq.*

Street Address (P.O. Box Number is not Acceptable)  
*12520 World Plaza Lane,  
Suite 1*

City  
*Fort Myers*

FL

Zip Code  
*33907*

**DO NOT WRITE  
IN THIS SPACE**

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

*John R. Loneragan, Esq.*

(NOTE: Registered Agent signature required when reinstating)

DATE

*12-20-02*

9. This corporation is eligible to satisfy its intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

January 1<sup>st</sup> May 1<sup>st</sup> Fee is \$150.00  
After May 1<sup>st</sup> Fee is \$550.00  
Amended UBR is \$61.25  
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  
*JP  
Conrad Baas  
3805 Palm Beach Boulevard  
Fort Myers, Florida 33916*

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

*Conrad Baas*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*10-29-02 (239) 693-0333*

CR2E034B (12/01)

*12/20*