

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000097674

1. Entity Name

WOODFIELD HOLDING INC.

FILED
Feb 21, 2001 8:00 am
Secretary of State

02-21-2001 90029 028 ***150.00

Principal Place of Business

PO BOX 650994
VERO BEACH FL 32965

Mailing Address

PO BOX 650994 118
VERO BEACH FL 32965

2. Principal Place of Business

1485 20TH CT. SW

Suite, Apt. #, etc.

3. Mailing Address

PO BOX 650118

Suite, Apt. #, etc.

City & State

VERO BEACH, FL.

City & State

VERO BEACH, FL.

Zip

32962

Country

INDIAN RIVER

Zip

32965

Country

INDIAN RIVER

4. FEI Number

65-1045679

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PURDY, JOHN D
1245 18TH AVE. SW
VERO BEACH FL 32962

7. Name and Address of New Registered Agent

Name

KEVIN ZWIERLEIN

Street Address (P.O. Box Number is Not Acceptable)

1485 20TH CT. SW

City

VERO BEACH,

FL

Zip Code

32962

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)

DATE

KEVIN ZWIERLEIN (SECRETARY) 2-5-01

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 \$550.00

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
D
PURDY, JOHN D
PO BOX 650994
VERO BEACH FL 32965 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
ZWIERLEIN, KEVIN
PO BOX 650873
VERO BEACH FL 32965 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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CITY-ST-ZIP
☐ Change ☐ Addition

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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-5-01

Date

561-473-5241

Daytime Phone #

CR2E034 (10/00)

0487361