2001 UNIFORM BUSINESS REPORT (UBR) DOCUMÊNT# P00000101508 SEURETARY OF STAIL 1. Entity Name WOOD ENTERPRISES, INC. WVISION OF CORPORATIONS 01 OCT 11 AM 8:58 Principal Place of Business Mailing Address 1850 NW PINE TREE WAY 1850 NW PINE TREE WAY STUART FL 34994 STUART FL 34994 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 65-1058189 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent HAYNES, WILLIAM W Street Address (P.O. Box Number is Not Acceptable) 1850 NW PINE TREE WAY STUART FL 34994 Citv Zip Code 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 \$550.00 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 September 12, 2001 Fee will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11- Current Thes - OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PRESI'N BNY CR2E034 (5/01) ☐ Delete ☐ Change Addition TITLE TITLE 000004638340-WM WOOD HAYNES WAY NAME NAME -10/16/01--01036--003 STREET ADDRESS STREET ADDRESS ****150.00 CITY-ST-ZIP CITY-ST-ZIP ****150.00 4 ART FL 24994 TITLE ☐ Delete TITLE ☐ Change ☐ Addition YNN L. HAYNES NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE ☐ Change TITLE ☐ Delete Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME 7 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:

9/16/01 800-726-660 Date Davine Phone #

631 US Highway One, Suite 309 North Palm Beach, FL 33408-4614 Tel 561-842-4444 800-226-6606

Wm. Wood Haynes Senior Financial Advisor

Fax 561-840-9192

SECURITIES Member NASD and SIPC 9/16/01

whaynes@firstunion3.com Re: WOOD ENTERPRISE, FNC FEI 65-1058189

To whom it may concern.

This is the first time I have filled for Word Enterprises, Dre.

I had the check made out, but

was on vacation in Ohio. When I returned a few days later the June Jowen was attached took

Place. I had laid the report and and just relieved Shad not sent it. I am asking for a wainer of

the penalit.

Thank you for your undertanding.

Sweens

We Wood Hayner, Pres