## 2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## May 30, 2002 8:00 am Secretary of State **DOCUMENT #** P00000116718 05-08-2002 90021 011 \*\*\*150.00 1. Entity Name RC WOOD & SONS, INC. Principal Place of Business Mailing Address 1255 MASON AVENUE 1255 MASON AVENUE DAYTONA BEACH FL 32117 BUUJUOJU DAYTONA BEACH FL 32117 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 Not Applicable Zip Country رو:` Zio Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent Name and Address of New Registered Agent SPIEGEL & UTRERA, P.A. GICHARD=K-CHURCHMAN Street Address (P.O. Box Number is Not Acceptable) 343 ALMERIA AVENUE CORAL GABLES FL 33134 1255 MASON AVENUE City Zip Code 30117 DAYTONA BEACH 8. The above named Engity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida SIGNATURE (NOTE: Registered Agent signature required when rein 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 Tax filing requirement and elects to do so. Election Campaign Financing After May 1, 2002 Fee will be \$550.00 \$5.00 May Be (See criteria on back) Trust Fund Contribution. Make Check Payable to Department of State Added to Fees 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE PSTD Delete TITLE President NAME WOOD, KRISTIN L Change ☐ Addition 9/01 NAME RICHARD CASEY WOOD STREET ADORESS 1255 MASON AVENUE STREET ADDRESS 79 Reynolds Avenue. .. DAYTONA BEACH FL 32117 CITY-ST-ZIF CITY-ST-ZIP armond Beach, FL 32174 TITLE ☐ Delete TITLE □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE TITLE Deleta TITLE ☐ Chance ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY:STEZI ☐ Delete TITLE ☐ Change NAME ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP IIILE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-\$T-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. Thereby 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 in the corporation 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 in Block 12

FILED

Block 12 if