

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2003 8:00 am
Secretary of State

04-04-2003 90073 012 ***150.00

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DOCUMENT # P00000116718

1. Entity Name

RC WOOD & SONS, INC.



Principal Place of Business

1255 MASON AVENUE
DAYTONA BEACH FL 32117

Mailing Address

1255 MASON AVENUE
DAYTONA BEACH FL 32117

2. Principal Place of Business

79 REYNOLDS AVENUE
Suite, Apt. #, etc.

3. Mailing Address

79 REYNOLDS AVENUE
Suite, Apt. #, etc.

City & State

ORMOND BEACH, FLORIDA

City & State

ORMOND BEACH, FLORIDA

Zip

32174

Country

USA

Zip

32174

Country

USA

4. FEI Number

59-3688289

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CHURCHMAN, RICHARD K.
1255 MASON AVENUE
DAYTONA BEACH FL 32117

7. Name and Address of New Registered Agent

Name: RICHARD K. CHURCHMAN CPA
Street Address (P.O. Box Number is Not Acceptable):
1255 MASON AVENUE
City: DAYTONA BEACH FL Zip Code: 32117

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: *Richard K. Churchman*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-8-03

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

TITLE	P	<input type="checkbox"/> Delete
NAME	WOOD, RICHARD C	
STREET ADDRESS	79 REYNOLDS AVENUE	
CITY-ST-ZIP	ORMOND BEACH FL 32174	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

Richard K. Churchman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-1-03

CR2E034 (10/02)