

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 11, 2002 8:00 am
Secretary of State

09-11-2002 90125 017 ***550.00

DOCUMENT # P01000002784

1. Entity Name
JOE W. WOODARD, INC.

Principal Place of Business

~~2400 N.E. 10TH STREET~~
~~POMPANO BEACH FL 33061~~

Mailing Address

~~2400 N.E. 10TH STREET~~
~~POMPANO BEACH FL 33061~~

2. Principal Place of Business

1769 NE. 40th PLACE #505

POMPANO Bch. FL.

City & State

Zip 33064

Country US

3. Mailing Address

P.O. Box 1268

POMPANO Bch. FL.

City & State

Zip 33061

Country US



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1065540

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WOODARD, JOSEPH

~~2400 N.E. 10TH STREET~~

~~POMPANO BEACH FL 33061~~

Name

JOSEPH WOODARD

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

1769 N.E. 40TH FL. #505

POMPANO Bch. FL.

City

FL

Zip Code 33064

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]

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9-9-02

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, 2002 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 **D** ☐ Delete
NAME **WOODARD, JOSEPH**
STREET ADDRESS **P.O. BOX 1268**
CITY-ST-ZIP **POMPANO BEACH FL 33061**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
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CITY-ST-ZIP

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TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-9-02

954-942-2878

Date

Daytime Phone #

CR2E034 (9/01)

Attachment

#PD1000002784

979684

9-9-02

TO: DEPT. OF STATE

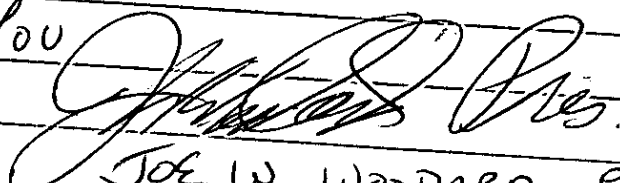
RE: 65-1065540 / LATE FEE

TO WHOM:

I WOULD LIKE TO REQUEST THAT
THE LATE FEE PERTAINING TO THIS
FILING BE RETURNED AND EXCUSED.

THIS ORIGINAL REPORT FORM WAS AT
MY OLD ADDRESS. I HAPPENED TO GO BY
MY PREVIOUS ADDRESS TWO WEEKS AGO
AND I WAS GIVEN SIX PIECES OF MAIL
OF WHICH THIS REPORT WAS ONE. I
CALLED MY ACCOUNTANT AND HE SAID
TO SEND IT IN IMMEDIATELY. I BELIEVE
THIS IS MY FIRST FILING OF THIS
REPORT.

THANK YOU


JOHN P. PIES