

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2002 8:00 am
Secretary of State

01-29-2002 90043 012 ***150.00

DOCUMENT # P01000021324

1. Entity Name
WOODARD ENTERPRISES OF OKALOOSA COUNTY, INC.

Principal Place of Business
993 S. FERDON BLVD.
CRESTVIEW FL 32536

Mailing Address
993 S. FERDON BLVD.
CRESTVIEW FL 32536

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3699885

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WOODARD, KENNETH
993 S. FERDON BLVD.
CRESTVIEW FL 32536

7. Name and Address of New Registered Agent

Name **Patricia Woodard**
 Street Address (P.O. Box Number is Not Acceptable) **4770 Rolling Field Lane**
Holt, Florida 32564
 City **Holt** **FL** Zip Code **32564**

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 *Kenneth Woodard* **Kenneth Woodard** **1-14-02**

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, KENNETH**
 STREET ADDRESS **4770 ROLLING FIELD LANE**
 CITY-ST-ZIP **HOLT FL 32564**

TITLE **D** ☒ Delete
 NAME **WOODARD, MIKE**
 STREET ADDRESS **4776 ROLLING FIELD LANE**
 CITY-ST-ZIP **HOLT FL 32564**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **President** ☐ Change ☒ Addition
 NAME **Patricia Woodard**
 STREET ADDRESS **4770 Rolling Field Lane**
 CITY-ST-ZIP **Holt, FL 32564**

TITLE **Sr. Vice President** ☐ Change ☒ Addition
 NAME **Eileen Allen**
 STREET ADDRESS **4780 Rolling Field Lane**
 CITY-ST-ZIP **Holt, FL 32564**

TITLE **Secretary** ☒ Change ☐ Addition
 NAME **Kenneth Woodard**
 STREET ADDRESS **4770 Rolling Field L.**
 CITY-ST-ZIP **Holt, FL 32564**

TITLE **Treasurer** ☒ Change ☐ Addition
 NAME **Mike Woodard**
 STREET ADDRESS **4776 Rolling Field Lane**
 CITY-ST-ZIP **Holt, FL 32564**

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

TITLE ☐ Change ☐ Addition
 NAME
 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:

Patricia Woodard **Patricia Woodard**

1-14-02

Date

Daytime Phone #

CR2E034 (9/01)