

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 09, 2002 8:00 am
Secretary of State

04-09-2002 90071 021 ***150.00

DOCUMENT # P01000062422

1. Entity Name

Woodward PROPERTY SERVICES, INC.

DO NOT WRITE IN THIS SPACE

00058630

2. Principal Place of Business

2146 KENSINGTON LANE

Suite, Apt. #, etc.

3. Mailing Address

2146 KENSINGTON LN.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

ORANGE PARK, FL.

Zip

32073

Country

USA

City & State

ORANGE PARK, FL.

Zip

32073

Country

USA

4. FEI Number

59-3738451

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name FRANK Woodward

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

2146 KENSINGTON LN.

City

ORANGE PARK

FL

Zip Code

32073

**DO NOT WRITE
IN THIS SPACE**

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)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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	NAME	STREET ADDRESS	CITY-ST-ZIP
	<u>PJT</u>	<u>FRANK Woodward</u>	<u>2146 KENSINGTON LANE</u>
		<u>ORANGE PARK, FL.</u>	<u>32073</u>
	<u>D</u>	<u>FRANK Woodward</u>	<u>2146 KENSINGTON LN.</u>
		<u>ORANGE PARK, FL.</u>	<u>32073</u>

**DO NOT WRITE
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Frank E. Woodward
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/27/02
Date

904-813-8524
Daytime Phone #