

FILED

03 SEP -9 PM 2:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P01000080562					
1. Entity Name WOODSHED DEVELOPMENT CORPORATION					
Principal Place of Business 14007 N DALE MABRY TAMPA, FL 33618			Mailing Address 14007 N DALE MABRY TAMPA, FL 33618		
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 59-3747221	
				Applied For Not Applicable	
				5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent REIBER, JACOB I 28650 STATE RD 64 LUTZ, FL 33549				7. Name and Address of New Registered Agent	
				Name Robert H. Gagne	
				Street Address (P.O. Box Number is Not Acceptable) 19616 Gulf Blvd.	
				Ste 502	
				City Indian Shores	
				FL Zip Code 33785	
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 <u><i>Robert H. Gagne</i></u> Robert H. Gagne 9/8/03 Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent's signature required when reinstating) DATE					
FILE NOW!!! FEE IS \$160.00 After May 11, 2003 Fee will be \$550.00 Amended UBR is \$61.25 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GAGNE, ROBERT H 14007 N DALE MABRY TAMPA, FL 33618	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
70002288127 09/09/03--01040--004 *** \$50.00					
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 807, 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: <u><i>Robert H. Gagne</i></u> Robert H. Gagne, Pres. 9/8/03 (813) 748-6856 Signature and typed or printed name of signing officer or director Date Daytime Phone #					

9/8/03