

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2003 8:00 am
Secretary of State

04-18-2003 90212 043 ***550.00

DOCUMENT # P01000119041

1. Entity Name
WOOD SOLUTIONS, INC.



Principal Place of Business
15840 S. PEBBLE LANE
FORT MYERS FL 33912

Mailing Address
15840 S. PEBBLE LANE
FORT MYERS FL 33912

2. Principal Place of Business

18199 Park Ridge Circle

Suite, Apt. #, etc.

3. Mailing Address

18199 Parkridge Circle

Suite, Apt. #, etc.

City & State
Fort Myers, FL

Zip
33908

Country

City & State
Fort Myers, FL

Zip
33908

Country

4. FEI Number **80-0002823**

Applied For

☒ **Not Applicable**

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

ADDRESS
☒ **CHECK HERE IF MAKING CHANGES**

6. Name and Address of Current Registered Agent

JANSSEN, DOUG
15840 S. PEBBLE LANE
FORT MYERS FL 33912

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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 **D** ☐ **Delete**
NAME **JANSSEN, DOUG**
STREET ADDRESS **15840 S. PEBBLE LANE 18199 Parkridge Cir**
CITY-ST-ZIP **FORT MYERS FL 33912 33908**

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ **Change** ☐ **Addition**
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CITY-ST-ZIP

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TITLE ☐ **Change** ☐ **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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/03 239-433-3780
Date Daytime Phone #

CR2E034 (10/02)