

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 15, 2003 8:00 am**  
**Secretary of State**

08-15-2003 90087 038 \*\*\*558.75

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**DOCUMENT # P02000008365**

1. Entity Name  
**OLD ST. LUCIE, INC.**



Principal Place of Business  
**275 HAMPTON LANE  
KEY BISCAYNE FL 33149**

Mailing Address  
**275 HAMPTON LANE  
KEY BISCAYNE FL 33149**

*c/o Anthony Wood*

2. Principal Place of Business  
**622 Ardmore, Ardmore, PA**

3. Mailing Address  
**622 Ardmore Ave**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**Ardmore PA**

City & State  
**Ardmore PA**

Zip  
**19003**

Country  
**USA**

Zip  
**19003**

Country  
**USA**

4. FEI Number  
**010584958**

Applied For  
Not Applicable

5. Certificate of Status Desired ☒

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WOOD, HARLESTON R  
275 HAMPTON LANE  
KEY BISCAYNE FL 33149**

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 \$550.00**  
**After September 10, 2003 Fee will be \$750.00**  
**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **Vice President** ☐ Delete  
NAME **Harley Wood**  
STREET ADDRESS **275 Hampton Lane**  
CITY-ST-ZIP **Key Biscayne FL 33149-1223**

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

TITLE **Secretary** ☐ Delete  
NAME **Alan Wood**  
STREET ADDRESS **188 River Rd**  
CITY-ST-ZIP **Gladwyne PA 19035**

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

TITLE **Treasurer** ☐ Delete  
NAME **Ross Wood**  
STREET ADDRESS **Gulf Mills Village, Apt. B-104**  
CITY-ST-ZIP **King of Prussia PA 19406**

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

TITLE **Vice President** ☐ Delete  
NAME **Morris Wood**  
STREET ADDRESS **364 South Point Drive**  
CITY-ST-ZIP **Lexington KY 40515**

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

TITLE **President** ☐ Delete  
NAME **Anthony B. Wood**  
STREET ADDRESS **622 Ardmore Ave**  
CITY-ST-ZIP **Ardmore PA 19003**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 REQUIRED** *Anthony B. Wood* **Anthony B. Wood** 7/15/03 610658-2336

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/03)