


FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 92208 026 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # <i>P02000052668</i>	
1. Entity Name <i>Woods Consulting Group, Inc.</i>	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <i>3101 McFarland Rd.</i> Suite, Apt. #, etc.	3. Mailing Address <i>3101 McFarland Rd.</i> Suite, Apt. #, etc.
City & State <i>Tampa, FL</i> Zip <i>33618</i> Country <i>U.S.A.</i>	City & State <i>Tampa, FL</i> Zip <i>33618</i> Country <i>U.S.A.</i>

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4. FEI Number <i>01-0685300</i>	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent	
	Name <i>George Larry Sanders</i>	
	Street Address (P.O. Box Number is Not Acceptable) <i>3101 McFarland Road</i>	
	City <i>TAMPA</i> FL Zip Code <i>33618</i>	

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** _____

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$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			
TITLE <i>President</i>	NAME <i>George Larry Sanders</i>	TITLE	NAME
STREET ADDRESS <i>3101 McFarland Road</i>	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP <i>Tampa, FL 33618</i>	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP
TITLE <i>Vice President</i>	NAME <i>Antoinette Sanders</i>	TITLE	NAME
STREET ADDRESS <i>3101 McFarland Road</i>	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP <i>Tampa, FL 33618</i>	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP
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DO NOT WRITE IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

SIGNATURE: *ANTOINETTE SANDERS* *Antoinette Sanders* *4/29/03* *813-931-4357*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)