

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P92000000441

1. Entity Name

GARRETT, WOOD & CO., P.A.

FILED
Feb 16, 2000 8:00 am
Secretary of State

02-16-2000 90012 042 ***150.00

Principal Place of Business
4417 BEACH BLVD.
SUITE 200
JACKSONVILLE FL 32207

Mailing Address
4417 BEACH BLVD.
SUITE 200
JACKSONVILLE FL 32207-4783



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3148658**

Applied For
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GARRETT, MICHAEL W
4417 BEACH BLVD.
SUITE 200
JACKSONVILLE FL 32207

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.

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) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME GARRETT, MICHAEL W
STREET ADDRESS 5210 GOLF COURSE DRIVE
CITY-ST-ZIP JACKSONVILLE FL 32211

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ST
NAME WOOD, MICHAEL L
STREET ADDRESS 4417 BEACH BLVD., STE. 200
CITY-ST-ZIP JACKSONVILLE FL

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CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL L. WOOD
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/00 904.398-8664
Date Daytime Phone #