



FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90254 050 ***150.00

**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P93000020840			
1. Entity Name WOOD-RON ENTERPRISES, INC.			
Principal Place of Business 7551 WEST WATERS AVENUE TAMPA, FL 33615		Mailing Address 7551 WEST WATERS AVENUE TAMPA, FL 33615	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent DIAZ, JOSEPH L 2622 WEST KENNEDY BOULEVARD TAMPA, FL 33609		7. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number Is Not Acceptable)	
		City	
		State FL Zip Code	
4. FEI Number 59-3171590 Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
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		DATE	
<i>(Signature of principal name of registered agent and fee if applicable)</i>		<i>(NOTE: Registered Agent signature required when modifying)</i>	
		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GLOVER, RONALD E	NAME	
STREET ADDRESS	7651 WEST WATERS AVENUE	STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 33615	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COPE, HAYWOOD M	NAME	
STREET ADDRESS	7651 WEST WATERS AVENUE	STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 33615	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 is 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: <i>R. Glover VP</i>		SIGNATURE: <i>Ronald E. Glover</i>	
DATE: <i>4/29/03</i>		DATE: <i>4/29/03</i>	

CRE034 (1/002)