

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000031200

1. Entity Name

SUNWOOD ENTERTAINMENT CORPORATION



FILED

04 JAN -9 PM 12:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
2019 ROSEWOOD LANE MANOR  
ORLANDO FL 32806

Mailing Address  
POST OFFICE BOX 568795  
ORLANDO FL 32856-8795  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT 03  
CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3189536

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

BURKET, QUAY  
239 SHIPMANS LANE  
LAKE MARY FL 32746

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

Quay A Burket

Quay A Burket

1/7/04

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 **\$5.00** May Be  
Trust Fund Contribution: ☐ - Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete  
NAME WOODSON, MARK N  
STREET ADDRESS PO BOX 568795  
CITY-ST-ZIP ORLANDO FL 32856

TITLE P ☒ Delete  
NAME WOODSON, CHARLES R  
STREET ADDRESS P.O. BOX 568795  
CITY-ST-ZIP ORLANDO FL 32856

TITLE ☐ Delete  
NAME WOODSON, CHRISTINA  
STREET ADDRESS P.O. BOX 568795  
CITY-ST-ZIP ORLANDO FL 32856

TITLE ST ☐ Delete  
NAME THOMAS, SHERRY L  
STREET ADDRESS P.O. BOX 568795  
CITY-ST-ZIP ORLANDO FL 32856

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME 900023502899  
STREET ADDRESS 10/02/03--01013--002 \*\*\$550.00  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME 900023502899  
STREET ADDRESS 10/02/03--01013--003 \*\*\$8.75  
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
NAME 900023502899  
STREET ADDRESS 01/03/04--01022--016 \*\*\$200.00  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 of Sherry L Thomas  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/03  
Date

Daytime Phone #

CR2E034 (10/02)

0120872 AV