

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90427 022 ***158.75

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000055577

1. Entity Name

BACK TO THE WOODS, INC.

670626

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
4611 S UNIVERSITY DRIVE

SUITE 114

DAVIE, FL 33328
City & State

3. Mailing Address
4611 S UNIVERSITY DRIVE

SUITE 114

DAVIE, FL 33328
City & State

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0425720

Applied For
Not Applicable

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
MOUNCE-JONSSON, DIANE R
Street Address (P.O. Box Number is Not Acceptable)

4611 S UNIVERSITY DRIVE STE 114
City **DAVIE** FL **33328**

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

Diane Mounce-Jonsson

4-30-02

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) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
P
MOUNCE-JONSSON, DIANE R
4611 S. UNIVERSITY DRIVE STE 114
DAVIE, FL 33328

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
ST
JONSSON, TOMMY A
4611 S. UNIVERSITY DRIVE STE 114
DAVIE, FL 33328

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
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IN THIS SPACE**

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

SIGNATURE:

Diane Mounce-Jonsson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-02

Date

(954) 452-0228

Daytime Phone #

CR2E034B (12/01)