2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

2003 FOR PR UNIFORM BUS	OFIT CORPOR	ATION (UBR)	May 05, 2003	8 8:00 am §	
DOCUMENT # P94000015348 1. Entity Name WOODLANDS BUILDING COMPANY			FILED May 05, 2003 8:00 am Secretary of State 05-05-2003 90142 019 ***150.00		
Principal Place of Business 721 N.W. SUNSET DR. STUART FL 34994 US	Mailing Address P.O. BOX 3041 STUART FL 34994				
Principal Place of Business Address Address				BBU BUYUN UTIYA BYUNT YUUT YOON	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES		
City & State	City & State		4. FEI Number 65-0485161	Applied For Not Applicable	
Zip Country	Zip	Country		8.75 Additional	
6. Name and Address of	Current Registered Agent		7. Name and Address of New Registered A	gent	
GIACOBBE, FRANK P 721 N.W. SUNSET DR. STUART FL 34994		Name	Name Street Address (P.O. Box Number is Not Acceptable)		
		Street Address (
		City	FL	Zip Code	
8. The above named entity submite this sta	tement for the purpose of changing its r	registered office or register	red agent, or both, in the State of Florida. I am fa	amiliar with, and accept	
the obligations of registered agent.					
SIGNATURE					
Signature, typed or printed name of regis	stered agent and title if applicable. (NOTE:	Registered Agent signature required	d when reinstating) DATE		
FILE NOW!!! FEE IS \$150 After May 1, 2003 Fee will be \$ Make Check Payable to Florida Depar	550.00		9. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees	
10. OFFICE	ERS AND DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND		
TITLE P	☐ Delete	TITLE		☐ Change ☐ Addition ☐ Change ☐ Addition ☐ Change ☐ Addition ☐ Change ☐ Addition ☐ Change ☐ Change ☐ Addition ☐ Change ☐	
STREET ADDRESS 721 N.W. SUNSET DR.		NAME STREET ADDRESS		5	
CITY-ST-ZIP STUART FL 34994		CITY-ST-ZIP		203	
TITLE	☐ Delete	TITLE		Change Addition	
NAME		NAME		0	
STREET ADDRESS	•	STREET ADDRESS			
City-st-zip		CITY-ST-ZIP			
TITLE NAME	- Delete	TITLE NAME	~ . ~	☐ Change ☐ Addition	
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	☐ Delete	TITLE		☐ Change ☐ Addition	
NAME		NAME			
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP			
OIT = 31-24F		GHT-SI-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.

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Delete

☐ Delete

☐ Change

☐ Change

Addition

Addition

FILED