2ตั01 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P94000046064**

1. Entity Name

MANNING WOODLEY CONSTRUCTION CO. INC.

Principal Place of Business Mailing Address 7001 FONTAINBLEAU CRESCENT 7001 FONTAINBLEAU CRESCENT JACKSONVILLE FL 32211 JACKSONVILLE FL 32211 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-3234403 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WOODLEY, MANNING JR Street Address (P.O. Box Number is Not Acceptable) 7001 FONTAINBLEAU CRESCENT JACKSONVILLE FL 32211 City Zin 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, 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 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE ☐ Change Addition WOODLEY, MANNING NAME NAME STREET ADDRESS 7001 FONTAINBLEAU CRESCENT STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32211 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition WOODLEY, ELAINE L NAME NAME STREET ADDRESS 7001 FONTAINBLEAU CRESCENT STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32211 CITY-ST-7IP TITLE ☐ Delete TITLE Change Addition WOODLEY, JACK A NAME NAMS 7013 FONTAINBLEAU CRESCENT STREET ADDRESS. STREET ADDRESS CITY-ST-7IP JACKSONVILLE FL 32211 CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

OF SIGNING OFFICER OR DIRECTOR

changed, or on an attachment with an address, with all other like empowered

FILED Mar 02, 2001 8:00 am Secretary of State

03-02-2001 90067 007 ***150.00