## 2002 UNIFORM BUSINESS REPORT (UBR)

## Mar 24, 2002 8:00 am Secretary of State P94000046064 DOCUMENT # 1. Entity Name 03-24-2002 90080 001 \*\*\*150.00 MANNING WOODLEY CONSTRUCTION CO. INC. Principal Place of Business Mailing Address 7001 FONTAINBLEAU CRESCENT 7001 FONTAINBLEAU CRESCENT JACKSONVILLE FL 32211 JACKSONVILLE FL 32211 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For City & State City & State 59-3234403 Not Applicable Zip Country Country \$8.75 Additional 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 Zip Code City 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 Signature, typed or printed name of registered agent and title it applicable (NOTE: Registered Agent signature required when reinstating) 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, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Assident ☐ Change Addition ☐ Delete TITI F TITLE WOODLEY, MANNING NAME NAME 7001 FONTAINBLEAU CRESCENT STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 32211 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change □ Delete TITLE WOODLEY, ELAINE L NAME NAME 7001 FONTAINBLEAU CRESCENT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32211 CITY-ST-ZIP ☐ Delete ☐ Change Addition TITI F NAME WOODLEY, JACK A STREET ADDRESS 7013 FONTAINBLEAU CRESCENT STREET ADDRESS JACKSONVILLE FL 32211 CITY-ST-ZIP CITY-ST-ZIE ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-St-ZIP ☐ 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

**FILED**