

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 14, 2003 8:00 am**  
**Secretary of State**

04-14-2003 90344 019 \*\*\*150.00

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**DOCUMENT # P94000059905**

1. Entity Name  
**E. & L. WOONSAM, INC.**



Principal Place of Business  
**3300 BONITA BEACH RD  
114  
BONITA SPRINGS FL 34134  
US**

Mailing Address  
**28630 CARRIAGE HOMES DRIVE  
UNIT 103  
BONITA SPRINGS FL 34134  
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0527877**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MATTSON, RICK A  
7113 FIRST AVE. SOUTH  
ST. PETERSBURG FL 33707**

Name **ERNEST J. WOON SAM**  
Street Address (P.O. Box Number is Not Acceptable) **28630 CARRIAGE HOMES DR., #103**  
City **BONITA SPRINGS** FL Zip Code **34134**

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 **ERNEST J. WOON SAM, PRESIDENT** DATE **APR. 8, 2003**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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 Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>PD</b> <input type="checkbox"/> Delete
NAME	<b>WOONSAM, ERNEST J</b>
STREET ADDRESS	<b>28630 CARRIAGE HOMES DR., #103</b>
CITY-ST-ZIP	<b>BONITA SPRINGS FL 34134</b>
TITLE	<b>STD</b> <input type="checkbox"/> Delete
NAME	<b>WOONSAM, LORNA M</b>
STREET ADDRESS	<b>28630 CARRIAGE HOMES DR., #103</b>
CITY-ST-ZIP	<b>BONITA SPRINGS FL 34134</b>
TITLE	<input type="checkbox"/> Delete
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STREET ADDRESS	
CITY-ST-ZIP	
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TITLE	<input type="checkbox"/> Delete
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CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: **ERNEST J. WOON SAM, PRESIDENT** DATE **April 8, 2003** Daytime Phone # **239-287-2609**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)