

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 13, 2002 8:00 am**  
**Secretary of State**

07-04-2002 90548 009 \*\*\*150.00  
 08-13-2002 90222 006 \*\*\*400.00

**DOCUMENT # P94000061311**

**1. Entity Name**  
**WOODHAM & ASSOCIATES INC.**

**Principal Place of Business**  
 2290 OCEAN SHORE BLVD., UNIT 102  
 ORMOND BY THE SEA FL 32176

**Mailing Address**  
 2290 OCEAN SHORE BLVD., UNIT 102  
 ORMOND BY THE SEA FL 32176

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**4. FEI Number**  
 59-3266134

Applied For  
 Not Applicable

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

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**CORPORATION SERVICE COMPANY**  
 1201 HAYS STREET  
 TALLAHASSEE FL 32301-0000

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip 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**

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)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**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**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME	D WOODHAM, HARVEY L	<input type="checkbox"/> Delete
STREET ADDRESS	2290 OCEAN SHORE BLVD., UNIT 102	
CITY-ST-ZIP	ORMOND BY THE SEA FL 32176	
TITLE NAME	D WOODHAM, SUE C	<input type="checkbox"/> Delete
STREET ADDRESS	2290 OCEAN SHORE BLVD., UNIT 102	
CITY-ST-ZIP	ORMOND BY THE SEA FL 32176	
TITLE NAME		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
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 changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)

attachment  
#794000061311

**WOODHAM & ASSOCIATES, INC.**

2290 OCEAN SHORE BLVD., UNIT #102  
ORMOND BY THE SEA, FL. 32176

Phone 386 441 8400  
Fax 386 441 8400

July 21, 2002

TO: State of Fl.

FM: Sue Woodham, Pres.

*Sue Woodham, Pres.*

I submitted everything on 4/20/02 with the check. The box in #9 was checked by accident and should not have been. Please correct.

Thank you. Your check for \$400.00 is attached but I protest since I submitted timely and no report was due.

sacw/