

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 22, 2003 8:00 am**  
**Secretary of State**

04-22-2003 90077 007 \*\*\*150.00

**DOCUMENT # P94000079704**

1. Entity Name  
**WOOD WORLD OF ORLANDO, INC.**



Principal Place of Business  
**2160 WHISPER LAKES BLVD. X**  
**ORLANDO FL 32837-6762**

Mailing Address  
**2160 WHISPER LAKES BLVD. X**  
**ORLANDO FL 32837-6762**

2. Principal Place of Business

**11346 S. Orange Blossom Trl.**  
Suite, Apt. #, etc.

3. Mailing Address

**11346 S. Orange Blossom Trl.**  
Suite, Apt. #, etc.

City & State  
**ORLANDO, FL**

City & State  
**ORLANDO, FL**

4. FEI Number  
**59-3281482**

Applied For  
☐ Not Applicable

Zip Country  
**32837-9426 USA**

Zip Country  
**32837-9426 USA**

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

6. Name and Address of Current Registered Agent

**FERRELL, JAMES**  
**2160 WHISPER LAKES BLVD.**  
**ORLANDO FL 32837-6762**

7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
**11346 S. Orange Blossom Trl.**  
City **Orlando** FL Zip Code **32837-9426**

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 *James Ferrell, President*  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

DATE **4/18/03**

**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

TITLE **PD** ☐ Delete  
NAME **FERRELL, JAMES**  
STREET ADDRESS **2160 WHISPER LAKES BLVD. X**  
CITY-ST-ZIP **ORLANDO FL 32837-6762**

TITLE **ST** ☐ Delete  
NAME **FERRELL, PATRICIA**  
STREET ADDRESS **2160 WHISPER LAKES BLVD. X**  
CITY-ST-ZIP **ORLANDO FL 32837-6762**

TITLE **1VD** ☐ Delete  
NAME **ANDERSON, CRAIG J**  
STREET ADDRESS **822 HORSESHOE BAY DR**  
CITY-ST-ZIP **KISSIMMEE FL 34741**

TITLE **2VD** ☐ Delete  
NAME **EATON, JAMES D**  
STREET ADDRESS **714 BUCKWOOD DR**  
CITY-ST-ZIP **ORLANDO FL 32806-7025**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **11346 S. Orange Blossom Trl.**  
CITY-ST-ZIP **ORLANDO, FL 32837-9426**

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **11346 S. ORANGE BLOSSOM TRl.**  
CITY-ST-ZIP **ORLANDO, FL 32837-9426**

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

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TITLE ☐ Change ☐ 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 *James Ferrell, President* **4/18/03** **4078260384**  
Signature, typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (10/02)