

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000037286

1. Entity Name

WOODY BY DESIGN, INC.

Principal Place of Business

1200 STIRLING RD
DANIA FL 33004

Mailing Address

1200 STIRLING RD
DANIA FL 33004-3534

2. Principal Place of Business

DANIA BEACH FL

Suite, Apt. #, etc.

3. Mailing Address

1200 STIRLING RD

Suite, Apt. #, etc.

City & State

DANIA BEACH FL

Zip

Country

Zip

Country

33004

USA

4. FEI Number

65-0603191

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MARGULES, LEON
200 E BROWARD BLVD STE 1210
FT. LAUDERDALE FL 33301

7. Name and Address of New Registered Agent

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, 2000 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

TITLE **D** ☒ Delete
NAME **WOODCOX, ROBERT**
STREET ADDRESS **1331 HOLLYWOOD BLVD**
CITY-ST-ZIP **HOLLYWOOD FL 33019**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PRESIDENT** ☒ Change ☐ Addition
NAME **VIRGINIA WOODCOX**
STREET ADDRESS **5270 SW 33 WAY**
CITY-ST-ZIP **FORT LAUDERDALE FL 33312**

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

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

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NAME
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:

Virginia Woodcox
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/3/99 (954) 929-0301
Day Daytime Phone #

FILED
Jan 12, 2000 8:00 am
Secretary of State

01-12-2000 90013 022 ***150.00



DO NOT WRITE IN THIS SPACE