

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 05, 2003 8:00 am**  
**Secretary of State**

09-05-2003 90116 022 \*\*\*150.00

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**DOCUMENT # P95000040011**

1. Entity Name

WOODVENTURES, INC.



Principal Place of Business

1040 EAST OAKLAND PARK BOULEVARD  
FORT LAUDERDALE FL 33334

Mailing Address

1040 EAST OAKLAND PARK BOULEVARD  
FORT LAUDERDALE FL 33334

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

65-0584523

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

DOCHERTY, JOHN  
1040 EAST OAKLAND PARK BOULEVARD  
FORT LAUDERDALE FL 33334

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00**

**After September 10, 2003 Fee will be \$750.00**

**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 NAME STREET ADDRESS CITY-ST-ZIP	D DOCHERTY, GLENN 2050 EASTCHESTER ROAD BRONX NY 10461	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOCHERTY, DOROTHY 2050 EASTCHESTER ROAD BRONX NY 10461	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOCHERTY, JOHN 1040 E OAKLAND PK BLVD FT LAUDERDALE FL 33334	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-22-03 954-561-1716  
Date Daytime Phone \*

CR2E034 (4/03)

*Attachment*

LAW OFFICES  
**ROBERT S. FORMAN, P.A.**  
SUITE 4100  
2101 WEST COMMERCIAL BOULEVARD  
FORT LAUDERDALE, FLORIDA 33309

*80144620*  
*# 95000040211*

ROBERT S. FORMAN  
MARK J. LYNN

OF COUNSEL  
VINCENT J. ALTINO, P.A.  
BERMAN & KEAN, P.A.

TELEPHONE (954) 735-0000  
TELEFAX (954) 735-3636

September 3, 2003

Division of Corporations  
409 East Gaines Street  
Tallahassee, FL 32399


RE: Woodventures, Inc.

Dear Ladies and Gentlemen:

This firm represents Woodventures, Inc. in connection with its submission of the enclosed Uniform Business Report. Our client has informed us that it did not receive its Uniform Business Report from the State until June 2003. My client will only be paying the \$150.00 fee, as it should not be responsible for any extra fees arising from filing the Report late when it did not receive the Report in a timely fashion.

If you have any questions or comments, please contact me.

Very truly yours,

  
MARK J. LYNN  
MJL/js  
Encls. as stated above