

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000083960

1. Entity Name

THE WOODS GROUP, INC.

**FILED**  
**May 08, 2000 8:00 am**  
**Secretary of State**

05-08-2000 90030 046 \*\*\*150.00

Principal Place of Business

Mailing Address

380 S. STATE ROAD 434, STE. 1004-158  
 ALTAMONTE SPRINGS FL 32714

380 S. STATE ROAD 434, STE. 1004-158  
 ALTAMONTE SPRINGS FL 32714-3810

2. Principal Place of Business

540 D. HWY 434

3. Mailing Address

540 D. HWY 434

Suite, Apt. #, etc.

SUITE #5

Suite, Apt. #, etc.

SUITE #5

City & State

ALTAMONTE SPRINGS, FL

City & State

ALTAMONTE SPRINGS FL

Zip

32714

Country

USA

Zip

32714

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3341987

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
 Fee Required

6. Name and Address of Current Registered Agent

WOODS, KEVIN L  
 380 S. STATE ROAD 434, STE. 1004-158  
 ALTAMONTE SPRINGS FL 32714

7. Name and Address of New Registered Agent

Name

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

540 D. HWY 434

SUITE #5

City

ALTAMONTE SPRINGS

FL

Zip Code

32714

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]* KEVIN L. WOODS, PRESIDENT

4/24/00

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                                    | <input type="checkbox"/> Delete |
| NAME           | WOODS, KEVIN L                       |                                 |
| STREET ADDRESS | 380 S. STATE ROAD 434, STE. 1004-158 |                                 |
| CITY-ST-ZIP    | ALTAMONTE SPRINGS FL 32714           |                                 |
| TITLE          | D                                    | <input type="checkbox"/> Delete |
| NAME           | WOODS, DAWN C                        |                                 |
| STREET ADDRESS | 380 S. STATE ROAD 434, STE. 1004-158 |                                 |
| CITY-ST-ZIP    | ALTAMONTE SPRINGS FL 32714           |                                 |
| TITLE          |                                      | <input type="checkbox"/> Delete |
| NAME           |                                      |                                 |
| STREET ADDRESS |                                      |                                 |
| CITY-ST-ZIP    |                                      |                                 |
| TITLE          |                                      | <input type="checkbox"/> Delete |
| NAME           |                                      |                                 |
| STREET ADDRESS |                                      |                                 |
| CITY-ST-ZIP    |                                      |                                 |
| TITLE          |                                      | <input type="checkbox"/> Delete |
| NAME           |                                      |                                 |
| STREET ADDRESS |                                      |                                 |
| CITY-ST-ZIP    |                                      |                                 |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |                             |  |
|----------------|-----------------------------|--|
| TITLE          | D                           | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | KEVIN L. WOODS              |  |
| STREET ADDRESS | 600 COLBY CT                |  |
| CITY-ST-ZIP    | ALTAMONTE SPRINGS, FL 32714 |  |
| TITLE          | D                           | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | DAWN C. WOODS               |  |
| STREET ADDRESS | 600 COLBY CT                |  |
| CITY-ST-ZIP    | ALTAMONTE SPRINGS, FL 32714 |  |
| TITLE          |                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                             |  |
| STREET ADDRESS |                             |  |
| CITY-ST-ZIP    |                             |  |
| TITLE          |                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                             |  |
| STREET ADDRESS |                             |  |
| CITY-ST-ZIP    |                             |  |
| TITLE          |                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 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:

*[Signature]* KEVIN L. WOODS, PRESIDENT

Date

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/00

407-7747025

CR2E034 (9/99)