

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 04, 2001 8:00 am
Secretary of State

05-04-2001 90167 029 ***150.00

DOCUMENT # P96000015763
1. Entity Name
 GARY A. WOODFIELD, P.A. ✓

Principal Place of Business **Mailing Address**
~~250 Royal Palm Way~~ ~~250 Royal Palm Way~~
~~Suite 300~~ ~~Suite 300~~
~~Palm Beach FL 33840~~ ~~Palm Beach FL 33840~~

2. Principal Place of Business **3. Mailing Address**
 c/o Edwards & Angell, LLP c/o Edwards & Angell, LLP
 Suite, Apt. #, etc. Suite 400 Suite, Apt. #, etc. Suite 400
 One North Clematis Street One North Clematis Street

City & State **City & State**
 West Palm Beach FL West Palm Beach FL
 Zip 33401 Country USA Zip 33401 Country USA

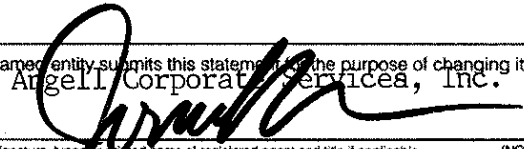
DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0645269 **Applied For**
☐ **Not Applicable**

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

6. Name and Address of Current Registered Agent
 Angell Corporate Services, Inc.
 250 Royal Palm Way, Ste. 300
 Palm Beach, Florida 33840

7. Name and Address of New Registered Agent
 Name Angell Corporate Services, Inc.
 Street Address (P.O. Box Number is Not Acceptable)
 One North Clematis Street, Suite 400
 City West Palm Beach FL Zip Code 33401

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.
 Angell Corporate Services, Inc.
SIGNATURE  **DATE** 4/23/2001
Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☒ **FILE NOW!!! FEE IS \$150.00**
 (See criteria on back) **After MAY 1, 2001 Fee will be \$550.00**
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

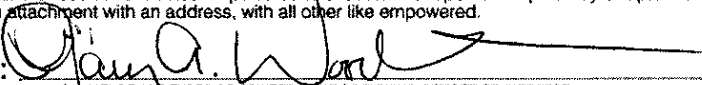
11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST Woodfield, Gary A 250 Royal Palm Way, Suite 300 Palm Beach FL 33840	<input checked="" 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST Woodfield, Gary A. One North Clematis Street, Suite 400 West Palm Beach FL 33401	<input checked="" 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

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:  **DATE** 4/23/2001 **561-833-7700**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 GARY A. WOODFIELD, PRESIDENT

CR2E034 (11/00)