2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **P96000046086** Mar 02, 2000 8:00 am 1. Entity Name **Secretary of State** WOOD COMMERCIAL ENTERPRISES, INC. 03-02-2000 90025 021 ***150.00 Mailing Address Principal Place of Business 510 HARBOR DR N 510 HARBOR DR N INDIAN ROCKS BEACH FL 33785-3117 INDIAN ROCKS BEACH FL 33785 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-3388539 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HASTINGS, DAVID C Street Address (P.O. Box Number is Not Acceptable) 19941 GULF BLVD #P INDIAN SHORES FL 94635 2207 SYTH ST S. Zip Code City GULFPORT, FL. 33707 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. ☐ Addition TITLE **PSTD** Delete TITLE Change NAME WOOD, RVJ NAME STREET ADDRESS STREET ADDRESS 570 HABBOR DR N CITY-ST-ZIP CITY-ST-ZIP INDIAN ROCKS BEACH FL 33785 ☐ Addition PAFSIDEM TITLE Change BELYL H. WOOD SIO W. HARAUL DAIUE, NATH NAME NAME STREET ADDRESS STREET ADDRESS MOIAN KOCKS BEACH, EL 33785 CITY-ST-ZIP CITY-ST-7/P ☐ Change ☐ Addition TITLE TITLE NAME NAME 10 HARBON DRIVE NOATH STREET ADDRESS STREET ADDRESS 33785 INDIAN ROCK! AFRIN FL CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Addition Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Change TITLE ☐ Delete NAME

13. I hereby certify that the information supplied with this filling 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.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

RVICTORH.WOOD JA