

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P96000056396**

1. Entity Name

**WOODTOE ENTERPRISES INC.****FILED****Feb 09, 2000 8:00 am**  
**Secretary of State**

02-09-2000 90083 050 \*\*\*150.00

Principal Place of Business  
**10741 ENDEAVOUR WAY SUITE C  
LARGO FL 33777**

Mailing Address  
**10741 ENDEAVOUR WAY SUITE C  
LARGO FL 33777-1624**

**DUU14331**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number **59-3389478**☐ Applied For  
☐ Not Applied

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ALONSO, JORGE F  
9714 121ST STREET NORTH  
SEMINOLE FL 34642**

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 Added to Fee**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |                                      |                                 |
|----------------|--------------------------------------|---------------------------------|
| TITLE          | <b>D</b>                             | <input type="checkbox"/> Delete |
| NAME           | <b>UMBERTO, WILLIAM J</b>            |                                 |
| STREET ADDRESS | <b>10324 3RD STREET NORTH, APT B</b> |                                 |
| CITY-ST-ZIP    | <b>ST. PETERSBURG FL 33716</b>       |                                 |
| TITLE          | <b>D</b>                             | <input type="checkbox"/> Delete |
| NAME           | <b>LOCKWOOD, JOHN</b>                |                                 |
| STREET ADDRESS | <b>1826 VANCOUVER DRIVE</b>          |                                 |
| CITY-ST-ZIP    | <b>CLEARWATER FL 34616</b>           |                                 |
| 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    |                                      |                                 |

|                |                                 |                                                                     |
|----------------|---------------------------------|---------------------------------------------------------------------|
| TITLE          | <b>Pres.</b>                    | <input checked="" type="checkbox"/> Change <input type="checkbox"/> |
| NAME           | <b>UMBERTO, WILLIAM J</b>       |                                                                     |
| STREET ADDRESS | <b>2852 29 AVE. N.</b>          |                                                                     |
| CITY-ST-ZIP    | <b>ST. PETERSBURG, FL 33713</b> |                                                                     |
| TITLE          |                                 | <input type="checkbox"/> Change <input type="checkbox"/>            |
| NAME           |                                 |                                                                     |
| STREET ADDRESS |                                 |                                                                     |
| CITY-ST-ZIP    |                                 |                                                                     |
| TITLE          |                                 | <input type="checkbox"/> Change <input type="checkbox"/>            |
| NAME           |                                 |                                                                     |
| STREET ADDRESS |                                 |                                                                     |
| CITY-ST-ZIP    |                                 |                                                                     |
| TITLE          |                                 | <input type="checkbox"/> Change <input type="checkbox"/>            |
| 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 changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #