

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 04, 2003 8:00 am**  
**Secretary of State**

04-04-2003 90089 034 \*\*\*150.00

**DOCUMENT # P970000009037**

1. Entity Name  
**WOOD BROTHERS CONSTRUCTION, INC.**



Principal Place of Business  
**8050 S.E. 11TH TERRACE  
TRENTON FL 32693  
US**

Mailing Address  
**P O BOX 68  
TRENTON FL 32693  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

**US**

Zip

Country

4. FEI Number **59-3419627**

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

7. Name and Address of New Registered Agent

**WOOD, RITA  
8050 S.E. 11TH TERR  
TRENTON FL 32693**

Name **Rita Wood**  
Street Address (P.O. Box Number is Not Acceptable)  
**8050 S.E. 11th Terr.**  
City **Trenton** **FL** Zip Code **32693**

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 *Rita Wood* **Rita Wood Sec/Treas.** **3-31-03**  
Signature; typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>WOOD, RITA D</b>	
STREET ADDRESS	<b>8050 SE 11TH TERR</b>	
CITY-ST-ZIP	<b>TRENTON FL 32693</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>WOOD, ERNEST P II</b>	
STREET ADDRESS	<b>8050 SE 11TH TERR</b>	
CITY-ST-ZIP	<b>TRENTON FL 32693</b>	
TITLE		<input type="checkbox"/> Delete
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other title empowered.

SIGNATURE: *Rita Wood* **RITA WOOD** **3-31-03** **352 463 8789**  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (10/02)