2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)

P97000045982 **DOCUMENT #**

1. Entity Name

WOODLEY WEEDLESS, INC.



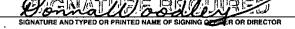
Apr 10, 2003 8:00 am Secretary of State

04-10-2003 90159 011 ***150.00

Principal Place of Business 24 WESTCHESTER DRIVE KISSIMMEE FL 34744			Mailing Address 24 WESTCHESTER DRIVE KISSIMMEE FL 34744						
2. Principal Place of Business			3. Mailing Address						111 1 1101 1501
Suite, Apt. #, etc.			Suite, Apt. #, etc.			- CHE	CK.HERE-IF-MAK	ING-CHANGES	
City & State			City & State			4. FEI Number 59-3450977 Applied For Not Applicab			
Zip		Country	Zip	Coun	try	5. Certificate of Status	s Desired	\$8.75 Add Fee Required	
	6. Name	and Address of Current	t Registered Agent			7. Name and Address of New Registered Agent			
					Name				
WOODLEY	-			Street Address		(P.O. Box Number is Not Acceptable)			
24 WESTCHERSTER DRIVE								<u> </u>	
KISSIMMEE FL 34744									İ
						•	F	Zip Code)
	named entiti ions of regist		or the purpose of chang	ging its registere	ed office or regist	ered agent, or both, in the	State of Florida. 1 a	am familiar with, a	and accept
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
After	May 1, 200	I FEE IS \$150.00 3 Fee will be \$550.00 5 Florida Department of		- Company of the comp	an angangan an a	II	mpaign.Financing Contribution.		May Be - to Fees
10. OFFICERS AND DIRECTORS				11.		ADDITIONS/CHANGI	ES TO OFFICERS A	AND DIRECTORS	S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delet	e TITLE NAM Stre	- 1	, , , , , , , , , , , , , , , , , , , ,		☐ Change	☐ Addition
TITLE NAME	VSD WOODLEY 24 WESTO		☐ Delet	NAM STRE				☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Deleh	NAM: STRE	I			☐ Change	Addition
TITLE NAME "STREET ADDRESS" CITY-ST-ZIP			☐ Delete	NAM!				☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ Delete	e Title Nami Stre				☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	NAMI Stre		,		☐ Change	Addition

12. Thereby 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 like empowered.

SIGNATURE:



Daytime Phone #