

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2003 8:00 am
Secretary of State

04-17-2003 90121 012 ***150.00

DOCUMENT # P97000050884

1. Entity Name
WOOD YOU OF CUTLER RIDGE, INC.



Principal Place of Business
**101 LAWRENCE BLVD
SUITE 201 NEWELL BLDG
KEYSTONE HEIGHTS FL 32656**

Mailing Address
**P.O. BOX 1118
KEYSTONE HEIGHTS FL 32656
US**

2. Principal Place of Business

18713 S. DIXIE HWY
Suite, Apt. #, etc.

3. Mailing Address

6056 N.W. 83RD TERRACE
Suite, Apt. #, etc.

City & State
Miami, FL

Zip
33157

Country
USA

City & State
Packland, FL

Zip
33067

Country
USA

4. FEI Number
59-3448546

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

**NEWELL, PAUL D
101 LAWRENCE BLVD
SUITE 201 NEWELL BLDG
KEYSTONE HEIGHTS FL 32656**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (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

| | | |
|--|--|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D DRAPER, H. EDWARD 2630 S.E. COUNTY ROAD 21 B MELROSE FL 32666 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D DRAPER, PATRICIA S 2630 S.E. COUNTY ROAD 21B MELROSE FL 32666 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

SIGNATURE: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/03 **352-**
475-3708

Date Daytime Phone #

CR2E034 (10/02)