

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90067 042 ***150.00

DOCUMENT # P97000052626

1. Entity Name

THE WOOD SHED PUB, INC.

Principal Place of Business

7989 W CR 48
BUSHNELL FL 34436
US

Mailing Address

P.O. BOX 1164
FLORAL CITY FL 34436
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3467669

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

WAGONER, WALTER A JR
8523 S CORNET
FLORAL CITY FL 34436

7. Name and Address of New Registered Agent

Name

CHAMBERLIN, J. MARK

Street Address (P.O. Box Number is Not Acceptable)

8181 E. ORANGE AVE

City

FLORAL CITY

FL

Zip Code

34436

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

J. Mark Chamberlin

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

16 JAN 02

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE PD ☒ Delete
NAME WAGONER, WALTER A JR
STREET ADDRESS 8253 S. COMET POINT
CITY-ST-ZIP FLORAL CITY FL 34436

TITLE VD ☒ Delete
NAME CHAMBERLAIN, J M
STREET ADDRESS 8181 E. ORANGE AVENUE
CITY-ST-ZIP FLORAL CITY FL 34436

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☒ Change ☐ Addition
NAME CHAMBERLIN, J. MARK
STREET ADDRESS 8181 E. ORANGE AVE
CITY-ST-ZIP FLORAL CITY, FL 34436

TITLE VD ☒ Change ☐ Addition
NAME WAGONER, NORMA R.
STREET ADDRESS 8253 S. COMET PT
CITY-ST-ZIP FLORAL CITY, FL 34436

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

J. Mark Chamberlin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

16 JAN 02 352-637-4727

CR2E034 (9/01)