

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2002 8:00 am
Secretary of State

02-13-2002 90143 015 ***150.00

DOCUMENT # P97000064516

1. Entity Name
DANIEL W. WOOD, INC.

Principal Place of Business
4350 WEST SUNRISE BLVD. #100-D
FORT LAUDERDALE FL 33313

Mailing Address
4350 WEST SUNRISE BLVD. #100-D
FORT LAUDERDALE FL 33313



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0776413**

Applied For
 Not Applicable

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

~~STORES ASTRO~~
4350 WEST SUNRISE BLVD. #100-D
FORT LAUDERDALE FL 33313

Name **MARTHA LAZANO**
 Street Address (P.O. Box Number is Not Acceptable)
4350 W. SUNRISE BLVD # 100-D
 City **PLANTATION** FL Zip Code **33313**

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

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME **D WOOD, DANIEL W**
 STREET ADDRESS **4350 WEST SUNRISE BLVD. #100-D**
 CITY-ST-ZIP **FORT LAUDERDALE FL 33313**

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

TITLE ☐ Delete
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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: *[Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/27/02 954 587 9347
 Date Daytime Phone #

CR2E034 (9/01)