

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000065283

1. Entity Name

JOHN WOOD BUILDERS, INC.

FILED

Feb 01, 2001 8:00 am
Secretary of State

02-01-2001 90064 018 ***150.00

Principal Place of Business 906 ADELPHI COURT FORT MYERS FL 33919	Mailing Address 906 ADELPHI COURT FORT MYERS FL 33919
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country

4. FEI Number	65-0768850	Applied For
		Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
S.W. PROF. SERVICES OF FT. MYERS, INC. 13611 MCGREGOR BLVD. FORT MYERS FL 33919

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.

SIGNATURE _____ (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) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD	TITLE	
NAME	WOOD, JOHN H.	NAME	
STREET ADDRESS	906 ADELPHI COURT	STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS FL 33919	CITY-ST-ZIP	
TITLE	V	TITLE	
NAME	SKULTETY, JEFF	NAME	
STREET ADDRESS	6408 BETHANY AVE	STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS FL 33919	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
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TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: John H. Wood - JOHN H. WOOD

1/30/01 (941) 432-0766

DATE DAYTIME PHONE #

CR2E034 (10/00)