

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2001 8:00 am
Secretary of State
 05-14-2001 90056 025 ***155.00

DOCUMENT # P97000071831

1. Entity Name
WOOD ARTISTS, INC.

Principal Place of Business
**313 IRIS ST
 ANNA MARIA FL 34216
 US**

Mailing Address
**PO BOX 4248
 ANNA MARIA FL 34216
 US**



2. Principal Place of Business
208 29TH ST. N.W.

3. Mailing Address
208 29TH ST. N.W.

Suite, Apt. #, etc.
N/A

Suite, Apt. #, etc.
N/A

City & State
BRADENTON, FL.

City & State
BRADENTON, FL.

Zip
34205

Country
MANATEE

Zip
34205

Country
MANATEE

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0836899** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**MATHENY, DALE E
 313 IRIS ST
 ANNA MARIA FL 34216**

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)
 Signature, typed or printed name of registered agent and title if applicable. 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, 2001 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MATHENY, DALE EDWARD PO BOX 4248 ANNA MARIA ISLAND FL 34216 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BLANCHETT, KAREN PO BOX 4248 ANNA MARIA ISLAND FL 34216 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: **DALE E. MATHENY / DALE E. MATHENY** 4/28/01 720-1373
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone (Cell)

CR2E034 (10/00)