

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2000 8:00 am
Secretary of State

05-10-2000 90102 042 ***150.00

DOCUMENT # P97000072184

1. Entity Name

WOERNER TEXAS, INC.

Principal Place of Business

Mailing Address

505 SOUTH FLAGLER DRIVE
 SUITE 606
 WEST PALM BEACH FL 33401
 US

505 SOUTH FLAGLER DRIVE
 SUITE 606
 WEST PALM BEACH FL 33401-5945
 US

2. Principal Place of Business

777 S. Flagler Dr.

3. Mailing Address

777 S. Flagler Dr.

Suite, Apt. #, etc.

Suite 1100

Suite, Apt. #, etc.

Suite 1100

City & State

West Palm Beach, FL

City & State

West Palm Beach, FL

4. FEI Number

65-0779268

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

CT CORPORATION SYSTEM
 C/O CT CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND RD.
 PLANTATION FL 33324

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 _____

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, 2000 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 Delete
 NAME **PTD**
WOERNER, LARRY J
 STREET ADDRESS **505 S FLAGLER DR STE 606**
 CITY-ST-ZIP **W PALM BCH FL 33401**

TITLE Delete
 NAME **SD**
WOERNER, LESTER J
 STREET ADDRESS **505 S FLAGLER DRIVE SUITE 606**
 CITY-ST-ZIP **W PALM BCH FL 33401**

TITLE Delete
 NAME **AT**
 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 Change Addition
 NAME
 STREET ADDRESS **777 S. Flagler Dr., Suite 1100**
 CITY-ST-ZIP **West Palm Beach, FL 33401**

TITLE Change Addition
 NAME
 STREET ADDRESS **777 S. Flagler Dr., Suite 1100**
 CITY-ST-ZIP **West Palm Beach, FL 33401**

TITLE Change Addition
 NAME **AT**
Steven A Moses
 STREET ADDRESS **777 S. Flagler Dr., Suite 1100**
 CITY-ST-ZIP **West Palm Beach, FL 33401**

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)(l), 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: Steven A Moses SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/00

Date

(561) 835-3747

Daytime Phone #