

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000081961

1. Entity Name

WOODS AND WETLANDS, INC.

FILED
Feb 29, 2000 8:00 am
Secretary of State

02-29-2000 90098 033 ***158.75

Principal Place of Business 5648 FOURTH AVENUE FORT MYERS FL 33907	Mailing Address 5648 FOURTH AVENUE FORT MYERS FL 33907-2914
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2. Principal Place of Business Suite, Apt. #, etc. 18100 Wells Road	3. Mailing Address 18100 Wells Road
City & State FT. MYERS	City & State FT. MYERS
Zip 33917	Zip 33917
Country	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0783659	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SIZEMORE, JULIA L. 5648 FOURTH AVENUE FORT MYERS FL 33907	7. Name and Address of New Registered Agent Name: JULIA L. SIZEMORE Street Address (P.O. Box Number is Not Acceptable) 18100 Wells Road City: FT. MYERS FL Zip Code: 33917
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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: <i>Julie Sizemore</i>	(NOTE: Registered Agent signature required when reinstating)	DATE
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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, 2000 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 NAME STREET ADDRESS CITY-ST-ZIP	D SIZEMORE, PERRY L 5648 FOURTH AVENUE FORT MYERS FL 33907 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	18100 Wells Road FT. MYERS, FL. 33917 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SIZEMORE, JULIA 5648 FOURTH AVE FT MYERS FL 33907 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	18100 Wells Road FT. MYERS, FL. 33917 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	<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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: <i>Julie Sizemore</i>	DATE	Daytime Phone #
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CR2E034 (9/99)