2001 UNIFORM BUSINESS REPORT (UBR)

May 18, 2001 8:00 am Secretary of State DOCUMENT # **P97000088023** 1. Entity Name 05-18-2001 91583 048 ***150.00 WOODLAND TRAIL, INC. Principal Place of Business Mailing Address 4311 W WATERS AVE STE 600 4311 W WATERS AVE STE 600 TAMPA FL 33614 TAMPA FL 33614 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3492440 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WILLIAMS, JOSEPH Street Address (P.O. Box Number is Not Acceptable) 4311 W WATERS AVE STE 600 TAMPA FL 33614 City Zip Code FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE ☐ Delete TITLE Change ☐ Addition WILLIAMS, JOSPEH M NAME NAME STREET ADDRESS STREET ADDRESS 4311 W WATERS AVE STE 600 CITY-ST-ZIP CITY-ST-ZIP **TAMPA FL 33614** TITLE ☐ Delete TITLE Change ☐ Addition PINCKNEY, CHARLIE B NAME NAME STREET ADDRESS 777 S HARBOUR ISL BLVD STE 900 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TAMPA FL 33602 TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME

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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

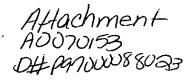
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/14/01

813 882 0599

Daytime Phone #





May 14, 2001

Division of Corporations Uniform Business Report Filings P. O. Box 1500 Tallahassee, FL 32302-1500

Re: Woodland Trail, Inc. #P97000088023

Dear Sir or Madame:

Enclosed you will find my Uniform Business Report and Fee. I have not included the late fee penalty.

The person who usually handled all the various tax-related reports is no longer here, and the job has been turned over to me. As you can probably tell, I am still learning and did not even realize these business reports had to be filed.

My continued employment will likely depend on whether or not I have to pay an additional fee for not filing by the 1st of May.

I would appreciate any leniency you could afford to me at this time.

Thank you for your time and consideration.

Sincerely,

Cindy Cammarota

Cumberland Property Management