

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 13, 2003 8:00 am
Secretary of State

08-13-2003 90078 009 ***150.00

0121880 AT

DOCUMENT # P97000093308

1. Entity Name
WOODLAND FIELD, INC.



Principal Place of Business
**8236 MONCRIEF DINSMORE ROAD
JACKSONVILLE FL 32219**

Mailing Address
**8236 MONCRIEF DINSMORE ROAD
JACKSONVILLE FL 32219**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3290604**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~DANIELS, GROVER D
435 CLARK ROAD
SUITE 107
JACKSONVILLE FL 32219~~

Name **WALLACE, HARRIETT H**
Street Address (P.O. Box Number is Not Acceptable)
2438 GRANT ST
City **JACKSONVILLE** FL Zip Code **32208**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Harriett H. Wallace

08/12/03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WALLACE, HARRIETT H 2438 GRANT ST JAX FL 32208	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WALLACE, NEPTUNE 2438 GRAND ST JAX FL 32208	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Harriett H. Wallace
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08/12/03 (904) 768-7491
Date Daytime Phone #

CR2E034 (4/03)

Attachment
80138329
P97000093308

Woodland Field, Inc.

Assisted Living Facility
8236 Moncrief-Dinsmore Road
Jacksonville Florida 32219

Telephone: (904) 768-7491



August 12, 2003

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

TO WHOM IT MAY CONCERN:

Please be advised that the corporation did not receive the prior notice, and is asking that the late fees be waived. Enclosed is a check in the amount of \$150.00. Should you have any questions or concerns, feel free to contact me.

Your assistance will be greatly appreciated.

Thank you.

Respectfully,

A handwritten signature in cursive script that reads "Harriett H. Wallace". The signature is written in dark ink and is positioned above the printed name and title.

Harriett H. Wallace
Administrator/Owner