

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 12, 2001 8:00 am
Secretary of State

01-12-2001 90036 007 ***158.75



DO NOT WRITE IN THIS SPACE

DOCUMENT # P97000094897

1. Entity Name
TARA-WOOD, INC.

Principal Place of Business **Mailing Address**
 RT 1 BOX 402, HWY 71 P O BOX 646
 SOUTH BLOUNTSTOWN FL 32424 SOUTH BLOUNTSTOWN FL 32424

2. Principal Place of Business **3. Mailing Address**
 24450 - CR 549 24450 - CR. 549
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 P.O. Box 646

City & State **City & State**
 Blountstown, FLA. Blountstown, FLA.

Zip **Country** **Zip** **Country**
 32424 32424

4. FEI Number **NOT APPLICABLE** **Applied For**
 Not Applicable

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

6. Name and Address of Current Registered Agent
 WISE, WILLIE D
 RT 1 BOX 402, HWY 71
 SOUTH BLOUNTSTOWN FL 32424

7. Name and Address of New Registered Agent
 Name: WILLIE D. WISE
 Street Address (P.O. Box Number is Not Acceptable): 24450 - C.R. 549
 City: Blountstown **FL** Zip Code: 32424

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 Willie D. Wise (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. ☐ **FILE NOW!!! FEE IS \$150.00**
 (See criteria on back) **After MAY 1, 2001 Fee will be \$550.00**
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WISE, WILLIE D. #1 RED HORSE SUCKER DR BLOUNTSTOWN FL 32424 <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
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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

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: Willie D. Wise **1-8-01** **850-674-8072**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)