2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR) P98000003203 **DOCUMENT #**

1. Entity Name

GOODS FROM THE WOODS, INC.



FILED Apr 07, 2003 8:00 am Secretary of State
04-07-2003 90158 028 ***150.00

Suite, Apt. 4, 600. Suite, Apt. 4, 600. City & State City & State City & State Country							GOO WE THE						
3. Melling Address Suite, Apt. #, etc. City & State 4. FET Number 65-0802350 Application of Suite, Apt. #, etc. Application of Suite, Desired \$4.75 Additional Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Na	11000 METRO	PARKWAY	PO BOX 60824										
City & Storie City & Storie City & Storie Country Cou	2. Principal Place of Business 3. Mailing Address									86 14 88 41 88 4		IAIRI KAHARIA	
Country Zro Country Zro Country S. Certificate of status besided S. Cottational Fee Required	Suite, Apt. #, etc. Suite, Apt. #, etc.								. CHECK HERE IF MAKING CHANGES				
Country	City & Stat	te	City	City & State				4. FEI Number 65-0802350					
HUNSUCKER, JEFFREY L 1882 N HERMITAGE ROAD FORT MYERS FL 33919 City FL Zip Code B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florica. I am familiar with, and accept the obligations of registered agent. SIGNATURE F FILE NOW!!! FEE IS \$150.00 Make Check Payable to Pforidal Department of State 10. CFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITE ST HUNSUCKER, JEFFREY L P.O. BOX 06824 FT MYERS FL 33906 PT MYERS FL 33909 PEVANS DS, BRIANRD F EVANS DS, BRIANRD F ITTEL MILE MICH MYERS FL 33909 PT MYERS FL 3	Zip	Country			Zip Count					\$8.75 Additional			
HUNSUCKER, JEFFREY L 1682 N HERMITAGE ROAD FORT MYERS FL 33919 City FL City FL Zio Code Code Code Code Code Code Code Cod		6. Name an	d Address of Current	Registere	d Agent			7. 1	Name and Address of New Re				
Street Address (P.C. Box Number s Not Acceptable) City FL Zio Code		<u> </u>			- 7190111		Name			3			
FORT MYERS FL 33919 City FL Z/p Code City FL Z	HUNSUCK	KER, JEFFREY	L						120.2				
City FL Zp Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the choligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the choligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the choice of registered agent, or both, in the State of Florida. I am familiar with, and accept the choice of registered agent, or both, in the State of Florida. I am familiar with, and accept the choice of registered agent, or both, in the State of Florida. I am familiar with, and accept the choice of registered agent, or both, in the State of Florida. I am familiar with, and accept the choice of registered agent, or both, in the State of Florida. I am familiar with, and accept the choice of registered agent, or both, in the State of Florida. I am familiar with, and accept the choice of registered agent, or both, in the State of Florida. I am familiar with, and accept the choice of registered agent, or both, in the State of Florida. I am familiar with, and accept the choice of registered agent, or both, in the State of Florida. I am familiar with, and accept the choice of registered agent, or both, in the State of Florida. I am familiar with, and accept the choice of registered agent, or both, in the State of Florida. I am familiar with, and accept the choice of registered agent, or both, in the State of Florida. I am familiar with, and accept the choice of registered agent, or both, in the State of Florida. I am familiar with, and accept the choice of registered agent, or both, in the State of Florida. I am familiar with, and accept the choice of Florida Florida. I am familiar with, and accept the choice of Florida Florida. I am familiar with, and accept the choice of Florida Florida. I am familiar with, and accept the choice of Florida Florida. I am familiar with, and accept the choice of Florida Florida. I am familiar with, and	•				Street Address			ss (P.O. B	(H.O. Box Number is Not Acceptable)				
Experience of 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. FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS TITLE WINDSUCKER, JEFFREY L OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE WINDSUCKER, JEFFREY L OR 800 80824 FI MYERS FL 33906 TITLE WP Delde REYNOLDS, RICHARD G REYNOLDS													
B. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10.	. •	_,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,									F =: ==		
SIGNATURE FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10.	مسكة ٠						City			FL	Zip Cod	le	
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10.				or the purpo	ose of changing its	registere	ed office or regi	stered ag	ent, or both, in the State of Flor	ida. I am far	niliar with,	and accept	
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10.													
After May 1, 2003 Fee will be \$550.00 May Be Added to Fees Make Check Payable to Fiorida Department of State 10.	SIGNATURE .	Signature, typed or pr	inted name of registered agent	and title if appl	cable. (NOTE	: Registere	d Agent signature req	uired when re	einstating)	DATE			
TITLE ST	Afte	r May 1, 2003	Fee will be \$550.00	4 64-4-		•							
TITLE NAME NAME NAME NAME NAME NAME NAME NAM		K Payable to Fi	<u> </u>	i						,			
NAME STREET ADDRESS CITY-5T-2IP HUNSUCKER, JEFFREY L P.O. BOX 06824 FT MYERS FL 33906 TITLE NAME STREET ADDRESS CITY-5T-2IP P REYNOLDS, RICHARD G P.O. BOX 06824 FT MYERS FL 33906 TITLE NAME EVANS DS, BRIANRD F P.O. BOX 06824 FT MYERS FL 33906 TITLE NAME EVANS DS, BRIANRD F P.O. BOX 06824 FT MYERS FL 33906 TITLE D HIGHFIELD, MITCHELL D STREET ADDRESS CITY-5T-2IP TITLE D HIGHFIELD, MITCHELL D STREET ADDRESS CITY-5T-2IP TITLE D HIGHFIELD, MITCHELL D STREET ADDRESS CITY-5T-2IP TITLE D CAPE CORAL FL 33909 Delete TITLE D Change Addition NAME STREET ADDRESS CITY-5T-2IP TITLE D Change Addition NAME STREET ADDRESS CITY-5T-2IP	10.	let	OFFICERS AND	DIRECTOR		_		AD	DDITIONS/CHANGES TO OFFI	_		T T	
STREET ADDRESS CITY-ST-ZIP FITHE VP RAME REYNOLDS, RICHARD G STREET ADDRESS CITY-ST-ZIP FITHE REYNOLDS, RICHARD G P.O. BOX 06824 FT MYERS FL 33906 FT MYERS FL 33909 FT MAME FT MAME FT MYERS FL 33909 FT MAME FT MAME FT MAME FT MYERS FL 33909 FT MAME FT	TITLE		IEEEDEV I		∟ Delete		· I			l	Change	☐ Addition	
CITY-ST-ZIP FT MYERS FL 33906 CITY-ST-ZIP TITLE VP REYNOLDS, RICHARD G P.O. BOX 06824 FT MYERS FL 33906 CITY-ST-ZIP TITLE P EVANS DS, BRIANRD F P.O. BOX 06824 FT MYERS FL 33906 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE D CAPE CORAL FL 33909 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE D CAPE CORAL FL 33909 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CAPE CORAL FL 33909 CAPE CORAL FL							- I						
TITLE NAME PREYNOLDS, RICHARD G P.O. BOX 06824 FT MYERS FL: 33906 FT MAME FT MAME FT MAME FT MAME FT MYERS FL: 33906 FT MYERS FL: 33906 FT MAME FT M												,	
NAME STREET ADDRESS CITY-ST-ZIP FT MYERS FL 33906 FT MYERS FL 33906 FVANS DS, BRIANRD F NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE D HIGHFIELD, MITCHELL D STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP TITLE D CAPE CORAL FL 33909 ITILE D CAPE CORAL FL 33909 ITILE NAME STREET ADDRESS CITY-ST-ZIP TITLE CAPE CORAL FL 33909 ITILE NAME STREET ADDRESS CITY-ST-ZIP TITLE CAPE CORAL FL 33909 ITILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CAPE CORAL FL 33909 CITY-ST-ZIP CAPE CORAL FL 33909 CITY-ST-ZIP CAPE CORAL FL 33909 CITY-ST-ZIP CHange Addition NAME STREET ADDRESS CITY-ST-ZIP CHANGE STREET ADDRESS CITY-ST-ZIP					П 6-1-4-					·····	T Change	- Addition	
P.O. BOX 06824 FT MYERS FL 33906 CITY-ST-ZIP TITLE P EVANS DS, BRIANRD F P.O. BOX 06824 FT MYERS FL 33906 TITLE NAME CITY-ST-ZIP TITLE D Belete TITLE NAME CITY-ST-ZIP TITLE NAME CITY-ST-ZIP TITLE NAME CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE D CAPE CORAL FL 33909 CITY-ST-ZIP TITLE D CAPE CORAL FL 33909 CITY-ST-ZIP TITLE CAPE CORAL FL 33909 CITY-ST-ZIP TITLE D CAPE CORAL FL 33909 CITY-ST-ZIP TITLE CAPE CORAL FL 33909 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP		* *	RICHARD G		LL Delete	1	1			L	Change	☐ Addition	
CITY-ST-ZIP FT MYERS FL 33906 CITY-ST-ZIP TITLE P CVANS DS, BRIANRD F STREET ADDRESS CITY-ST-ZIP FT MYERS FL 33906 CITY-ST-ZIP TITLE D Change Addition NAME STREET ADDRESS CITY-ST-ZIP TITLE D CAPE CORAL FL 33909 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP							ı						
NAME STREET ADDRESS CITY-ST-ZIP FT MYERS FL 33906 CITY-ST-ZIP TITLE D HIGHFIELD, MITCHELL D STREET ADDRESS CITY-ST-ZIP CAPE CORAL FL 33909 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	CITY-ST-ZIP												
NAME STREET ADDRESS CITY-ST-ZIP FT MYERS FL 33906 CITY-ST-ZIP TITLE D D Delete NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE	Р	***		Delete	TITLE		• •			Change	Addition	
CITY-ST-ZIP FT MYERS FL 33906 CITY-ST-ZIP TITLE D NAME STREET ADDRESS CITY-ST-ZIP TITLE CAPE CORAL FL 33909 TITLE NAME STREET ADDRESS CITY-ST-ZIP	NAME	EVANS DS, B	rianrd f		_ 20.00	NAM				_	_ ,		
TITLE D HIGHFIELD, MITCHELL D STREET ADDRESS CITY-ST-ZIP CAPE CORAL FL 33909 TITLE D EVANS, BARBARA STREET ADDRESS CITY-ST-ZIP CAPE CORAL FL 33909 TITLE D CAPE CORAL FL 33909 TITLE D CHange Addition NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS					STRE	ET ADDRESS						
NAME STREET ADDRESS CITY-ST-ZIP CAPE CORAL FL 33909 TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	CITY-ST-ZIP	FT MYERS FL	. 33906			CITY	-ST-ZIP						
STREET ADDRESS CITY-ST-ZIP CAPE CORAL FL 33909 TITLE DEVANS, BARBARA STREET ADDRESS CITY-ST-ZIP TITLE CAPE CORAL FL 33909 TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CHange Addition STREET ADDRESS CITY-ST-ZIP CHANGE STREET ADDRESS CITY-ST-ZIP	TITLE				☐ Delete	TITLE				[Change	☐ Addition	
CITY-ST-ZIP CAPE CORAL FL 33909 CITY-ST-ZIP TITLE D EVANS, BARBARA STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CAPE CORAL FL 33909 CITY-ST-ZIP CHange Addition NAME STREET ADDRESS CITY-ST-ZIP CHANGE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CHANGE STREET ADDRESS CITY-ST-ZIP	NAME												
TITLE NAME EVANS, BARBARA STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP Change Addition NAME STREET ADDRESS CITY-ST-ZIP Change Addition NAME STREET ADDRESS CITY-ST-ZIP CHANGE STREET ADDRESS CITY-ST-ZIP						1	1						
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CHange Addition NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP	CHY-SI-ZIP		. FL 33909			-	-						
STREET ADDRESS CITY-ST-ZIP CAPE CORAL FL 33909 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CHange Addition NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP	TITLE	-	ADA		☐ Delete		I				Change	☐ Addition	
CITY-ST-ZIP CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP													
TITLE							I						
NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP		JA L GOIGE			□ sou	-				r		- Address	
STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP					∟ Delete		I			L	_ ∟ crange	☐ Addition	
CITY-ST-ZIP CITY-ST-ZIP	STREET ADDRESS												
12. Thereby 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	CITY-ST-ZIP	1											
	12. I hereby o	certify that the int	ormation supplied with	this filing o	does not qualify for	the exer	mption stated in	Section	119.07(3)(i), Florida Statutes T	further certifi	that the i	nformation	

indicated on this report or supplemental report is true and accurate of the corporation or the receiver or trustee empowered to execute changed, or on an attachment with an address, with all other like e my signature shall have the same legal effect as if made under oath; that I am an officer or director t as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

SIGNATURE:

Daytime Phone #