

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 02, 2001 8:00 am**  
**Secretary of State**  
03-02-2001 90085 043 \*\*\*150.00

**DOCUMENT # P98000004480**

1. Entity Name  
**WOODBURY EQUITIES, INC.**

Principal Place of Business

P.O. BOX 1508  
WINTER PARK FL 32790

Mailing Address

P.O. BOX 1508  
WINTER PARK FL 32790

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number **59-3486261**

Applied For

Not Applicable

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

**WILLIAMS, WARREN E**  
**28 W CENTRAL BLVD**  
**P.O. BOX 3444**  
**ORLANDO FL 32802**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

## 11. OFFICERS AND DIRECTORS

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
PS	GARBE, UDO	535 PARK AVENUE NORTH	WINTER PARK FL 32789	<input type="checkbox"/>	P AS AT D	Udo Garbe			<input checked="" type="checkbox"/>	<input type="checkbox"/>
V	MARSTON, HAL	535 PARK AVE N	WINTER PARK FL 32790	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
S	HOCKMAN, JOSIE	535 PARK AVE N	WINTER PARK FL 32790	<input type="checkbox"/>	VP S T	Josie Hockman			<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	D S VP	Bernhard Garbe	535 Park Avenue North	Winter Park FL 32789	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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:

*Josie Hockman* Josie Hockman  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/27/01

Date

407-629-9082

Daytime Phone #

CR2E034 (10/00)