

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000012399

1. Entity Name

WOODSON ENTERPRISES INCORPORATED

Principal Place of Business
9080 GREAT HERON CIRCLE
ORLANDO FL 38236

Mailing Address
1675 BROADWAY
2850
DENVER CO 80202

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3510731

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

WOODSON, CHARLES
9080 GREAT HERON CIRCLE
ORLANDO FL 38236

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 ☐ Delete
NAME P
STREET ADDRESS WOODSON, CHARLES
CITY-ST-ZIP C/O 1675 BROADWAY SUITE 2850
DENVER CO 80202

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME ~~V.P. JONES, CRAIG~~
STREET ADDRESS ~~1675 BROADWAY, SUITE 2850~~
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME V.P. JONES, CRAIG
STREET ADDRESS 1675 BROADWAY # 2850
CITY-ST-ZIP DENVER, CO 80202

TITLE ☐ Delete
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CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 filers empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

C. JONES

303-592-4282

Exempt Fee #

12.000

FILED
00 SEP 19 PM 4: 02
SECRETARY OF STATE
TALLAHASSEE FLORIDA



DO NOT WRITE IN THIS SPACE

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