2003 UNIFORM BUSINESS REPORT (UBR)

Mailing Address

BOCA RATON FL 33434

3. Mailing Address

City & State

Suite, Apt. #, etc.

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7496 MAHAGONY BEND PLACE

DOCUMENT # P98000036074

1 Entity Name

Principal Place of Business

7496 MAHAGONY BEND PLACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

BOCA RATON FL 33434

WOOD ISLAND DEVELOPMENT, INC.

Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MASCHLER, SHELDON Street Address (P.O. Box Number is Not Acceptable) 7496 MAHAGONY BEND PLACE **BOCA RATON FL 33434** City 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) After MAY 1, 2001 Fee will be \$550.00 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** Mav Be Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Delete ☐ Change Addition TITLE MASCHLER, SHELDON NAME NAME STREET ADDRESS 3496 MAHOGANY BEND PLACE STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP **BOCA RATON FL 33434** TITLE Delete TITLE Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST-7IP Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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)(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.

May 02, 2003 8:00 am Secretary of State

05-02-2003 90209 020 ***150.00

Applied For

Daytime Phone #

DO NOT WRITE IN THIS SPACE

65-0829524

4. FEI Number