

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 13, 2003 8:00 am**  
**Secretary of State**

01-13-2003 90854 018 \*\*\*150.00

**DOCUMENT # P98000039592**

1. Entity Name  
**EILAND WOODS, INC.**



Principal Place of Business  
**35310 HWY 54 WEST  
ZEPHYRHILLS FL 33541**

Mailing Address  
**35310 HWY 54 WEST  
ZEPHYRHILLS FL 33541**

2. Principal Place of Business

**34851 S.R. 54 W**

3. Mailing Address

**34851 S.R. 54 W**

Suite, Apt. #, etc.

**Suite 101**

Suite, Apt. #, etc.

**Suite 101**

City & State

**Zephyrhills, FL**

City & State

**Zephyrhills, FL**

Zip

**33541**

Country

**USA**

Zip

**33541**

Country

**USA**

6. Name and Address of Current Registered Agent

**HILL, CARL D**  
~~**35310 HWY 54 WEST**~~ **34851 S.R. 54 W Suite 101**  
**ZEPHYRHILLS FL 33541**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete  
NAME **HILL, CARL D**  
STREET ADDRESS **35310 HWY 54 WEST**  
CITY-ST-ZIP **ZEPHYRHILLS FL 33541**

TITLE **VD** ☐ Delete  
NAME **RYMAN, NELSON L**  
STREET ADDRESS **38819 OTIS ALLEN ROAD**  
CITY-ST-ZIP **ZEPHYRHILLS FL 33540**

TITLE **D** ☐ Delete  
NAME **RYMAN, DOTTIE A**  
STREET ADDRESS **38819 OTIS ALLEN ROAD**  
CITY-ST-ZIP **ZEPHYRHILLS FL 33540**

TITLE **STD** ☐ Delete  
NAME **OSTERMAN, KEITH**  
STREET ADDRESS **10439 LAMSON ROAD**  
CITY-ST-ZIP **DADE CITY FL 33525**

TITLE **D** ☐ Delete  
NAME **OSTERMAN, KIM M**  
STREET ADDRESS **10439 LAMSON ROAD**  
CITY-ST-ZIP **DADE CITY FL 33525**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **34851 S.R. 54 W Suite 101**  
CITY-ST-ZIP

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

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

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE: SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/9/03 (813) 782-7705**

Date

Daytime Phone #

CR2E034 (10/02)