

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000048054

1. Entity Name

WOODY'S LAWN & ORNAMENTAL PEST CONTROL, INC.

**FILED**  
**May 15, 2001 8:00 am**  
**Secretary of State**

05-15-2001 90031 017 \*\*\*150.00

Principal Place of Business

354 PARKWAY ST.  
DAYTONA BEACH FL 32114

Mailing Address

354 PARKWAY ST.  
DAYTONA BEACH FL 32114

2. Principal Place of Business

604 Fern Avenue  
Suite, Apt. #, etc.

3. Mailing Address

354 Parkway Street  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Holly Hill, FL 32117

Zip

Country

USA

32117

City & State

Daytona Beach, FL

Zip

Country

USA

32114

4. FEI Number 59-3516146

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

WOODY, WW  
354 PKWY ST  
DAYTONA BEACH FL 32114

## 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.

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

TITLE DP  
NAME WOODY, CARLOS L  
STREET ADDRESS 354 PARKWAY ST.  
CITY-ST-ZIP DAYTONA BEACH FL 32114 ☐ Delete

TITLE D  
NAME WOODY, WW SR  
STREET ADDRESS 354 PKWY ST  
CITY-ST-ZIP DAYTONA BCH FL 32114 ☐ Delete

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)