

**2000 UNIFORM BUSINESS REPORT (UBR)****FILED****Jan 26, 2000 08:00 AM  
Secretary of State****DOCUMENT # P98000060158****1. Entity Name**  
WOODWIZE, INC.**Principal Place of Business**

P.O. BOX 8592

NAPLES  
34101

FL

**Mailing Address**

P.O. BOX 8592

NAPLES  
34101

FL

**2. Principal Place of Business**

Suite, Apt. #, etc.

**3. Mailing Address**

Suite, Apt. #, etc.

**City & State****City & State**

Zip

Country

Zip

Country

**4. FEI Number****59-3522952**

Applied For

Not Applicable

**5. Certificate of Status Desired**☐**\$8.75** Additional  
Fee Required**6. Name and Address of Current Registered Agent**PARTRIDGE REBECCA  
2601 66TH ST. S.W.NAPLES  
34105

FL

US

**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)

**01/26/2000**

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, 2000 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**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**☐ Delete**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**☐ DeleteVS  
PARTRIDGE MICHAEL  
2601 66 ST SW  
NAPLES FL 34105**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**☐ DeletePT  
PARTRIDGE REBECCA  
2601 66 ST SW  
NAPLES FL 34105**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**☐ Delete**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**☐ Delete**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**☐ Delete**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11****TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**☐ Change☒ AdditionVS  
MACDONALD BRIAN JVS  
2438 RAVENNA BLVD. UNIT 101  
NAPLES FL 34108**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**☐ Change☐ Addition**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**☐ Change☐ Addition**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**☐ Change☐ Addition**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**☐ Change☐ Addition**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:** Rebecca J. Partridge

P 01/26/2000