

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P98000066722****1. Entity Name**
BOB WOOD AND ASSOCIATES, INC.**FILED**
Jan 30, 2001 8:00 am
Secretary of State

01-30-2001 90115 002 ***150.00

Principal Place of Business**1111 STEVENSON AVENUE**
CLEARWATER FL 33755**Mailing Address****1111 STEVENSON AVENUE**
CLEARWATER FL 33755**2. Principal Place of Business**

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3525791**

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****BAUMAN, JAMES W**
1008 DREW STREET
CLEARWATER FL 33755

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

TITLE	DTS	<input type="checkbox"/> Delete
NAME	WOOD, ROBERT L	
STREET ADDRESS	1111 STEVENSON AVENUE	
CITY-ST-ZIP	CLEARWATER FL 33755	
TITLE	DP	<input type="checkbox"/> Delete
NAME	WOOD, JOAN D	
STREET ADDRESS	1111 STEVENSON AVENUE	
CITY-ST-ZIP	CLEARWATER FL 33755	
TITLE		<input type="checkbox"/> Delete
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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)(j), 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

Joan D. Wood **Joan D. Wood, President** **1/8/01** **(727) 447-8434**
Date Daytime Phone #

CP2E034 (10/00)