# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**May 23, 2001 8:00 am**
**Secretary of State**
05-23-2001 90228 012 ***150.00

DOCUMENT # P98000081974

1. Entity Name
PASCO WOODS, INC.

659989

| Principal Place of Business | Mailing Address |
|---|---|
| | |

DO NOT WRITE IN THIS SPACE

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 1731 Boggy Creek Rd | P.O. Box 450086 |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: Kissimmee, FL | City & State: ~~FL~~ Kissimmee FL |
| Zip: 34744 Country: Osceola | Zip: 34745 Country: Osceola |

4. FEI Number: 59-3537803 ☐ 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 |
|---|---|
| JAMES BASQUE<br>135 WEST CENTRAL BVD.<br>ORLANDO, FL 32801 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 / NAME / STREET ADDRESS / CITY-ST-ZIP | D, P<br>William C. Demetree<br>☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D, P William C. Demetree<br>3348 Edgewater Drive<br>Orlando, FL 32804<br>☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VP, S, T<br>Steve Uehrs<br>☑ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VP, S, T<br>W. Ken Jones<br>4218 Ilene Ct<br>Orlando, FL 32806<br>☐ Change ☑ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
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CR2E034 (11/00)

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:** WKJ W. KEN JONES VP 4/27/01 407 870 2450
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Title — Date — Telephone number