

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000088906

1. Entity Name

WOODCO REFINISHING & SUPPLIES, INC.

FILED
May 11, 2000 8:00 am
Secretary of State

05-11-2000 90289 016 ***150.00

Principal Place of Business

Mailing Address

646 UNION STREET
JACKSONVILLE FL 32206

646 UNION STREET
JACKSONVILLE FL 32206-5614

2. Principal Place of Business

700 E. UNION ST.

3. Mailing Address

700 E. UNION ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

UNIT B1

UNIT B1

City & State

Jacksonville, FL

City & State

Jacksonville, FL

Zip

32206

Country

Zip

32206

Country

4. FEI Number

59-3543118

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

BAKER, GARY ESQ.
5442 GREEN AVENUE
CALLAHAN FL 32011

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME STAPLES, JIM
STREET ADDRESS 1512 ELISE ROAD WEST
CITY-ST-ZIP YULEE FL 32097

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

TITLE STD ☐ Delete
NAME STAPLES, PAULA
STREET ADDRESS 646 UNION STREET
CITY-ST-ZIP JACKSONVILLE FL 32206

TITLE D ☒ Change ☐ Addition
NAME Staples, Paula
STREET ADDRESS 1512 Elise Road West
CITY-ST-ZIP Yulee, FL 32097

TITLE VD ☐ Delete
NAME DE LA CRUZ, JOSE
STREET ADDRESS 1732 MORNING SIDE DRIVE
CITY-ST-ZIP MIDDLEBURG FL 32068

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ST ☐ Change ☒ Addition
NAME Powell, Rose m.
STREET ADDRESS 1732 morningside Dr.
CITY-ST-ZIP middleburg, FL 32068

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
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:

Jim Staples
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/00
Date

9043530440
Daytime Phone #

CR2E034 (9/99)