

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000092368

1. Entity Name
WOODBELL ENTERPRISES, INC.



FILED
Jul 14, 2003 8:00 am
Secretary of State

07-14-2003 90332 035 ***150.00

0077146 AN

Principal Place of Business
2630 S.W. 139 AVE.
DAVIE FL 33330

Mailing Address
2630 S.W. 139 AVE.
DAVIE FL 33330



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0875942

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

WOODCOCK, TIM
2630 S.W. 139 AVE.
DAVIE FL 33330

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. I am familiar with, and accept the obligations of, registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	WOODCOCK, TIM M	<input type="checkbox"/> Delete
NAME		2630 SW 139 AVE	
STREET ADDRESS		DAVIE FL 33330	
CITY-ST-ZIP			
TITLE	VP	CAMPBELL, DARYL	<input type="checkbox"/> Delete
NAME		2630 SW 139 AVE	
STREET ADDRESS		DAVIE FL 33330	
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Delete
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Delete
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Delete
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

(Signature)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-11-03 954-424-0861

Date

Daytime Phone #

CR2E034 (4/03)

Attachment #

July 11, 2003

Woodbell Enterprises Inc.
2630 S.W. 139th Avenue
Davie, Florida 33330

10110073
Pg 8 000092368

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

Dear Sirs;

I had not received any previous document in the mail.
Was about to follow up on my own, when this came in the mail.
I called and was instructed by your office (Maria), to inform you in
writing of this mail problem, and to send a check for 150.00 , for the
filing as I have not received previous notice.
Thank you.

Kind Regards
Daryl Campbell

Daryl Campbell