

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000104450

1. Entity Name

WOOD YOU OF MELBOURNE, INC.

FILED

May 11, 2000 8:00 am
Secretary of State

05-11-2000 90200 001 *1,650.00

Principal Place of Business

Mailing Address

2320 NORTH LIBERTY STREET
JACKSONVILLE FL 32206

2320 NORTH LIBERTY STREET
JACKSONVILLE FL 32206-3016

2. Principal Place of Business

3160 W. New Haven Ave.
Suite, Apt. #, etc.

3. Mailing Address

c/o Gerald Weedon, Esq.

Suite, Apt. #, etc.

1200 Riverplace Blvd., #800

City & State

Melbourne, FL

City & State

Jacksonville FL 32207

Zip

32904

Country

Brevard

Zip

Country

4. FEI Number

59-1817901

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

BLANKENSHIP, CHARLES
2320 NORTH LIBERTY STREET
JACKSONVILLE FL 32206

Name

Gerald W. Weedon

Street Address (P.O. Box Number is Not Acceptable)

1200 Riverplace Boulevard, Ste. 800

City
Jacksonville

FL

Zip Code
32207

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
NAME
STREET ADDRESS
CITY-ST-ZIP
D
BLANKENSHIP, CHARLES
2320 NORTH LIBERTY STREET
JACKSONVILLE FL 32206 ☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP
D
BLANKENSHIP, HELEN W
2320 NORTH LIBERTY STREET
JACKSONVILLE FL 32206 ☐ Delete

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)