2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000002142 May 08, 2000 8:00 am Secretary of State 1. Entity Name WOOD WONDERS OF TAMPA, INC. 05-08-2000 90163 022 ***150.00 Mailing Address Principal Place of Business 5302 WEST INGRAHAM STREET 5302 WEST INGRÄHAM STREET TAMPA FL 33611-3228 TAMPA FL 33616 Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #1 etc. Suite, Apt. #, etc. Applied For City & State City & State Not Applicable Country \$8.75 Additional Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 343 ALMERIA AVENUE CORAL GABLES FL 33134 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 FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Ø Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. 0.4.000 ■ Addition 'SD ☐ Delete TITLE 5410-A' West Tyson Avenue WIREN, RON NAME NAME STREET ADDRESS STREET ADDRESS 5302 WEST INGRAHAM STREET Tampa, FL 33611 CITY-ST-ZIP CITY-ST-ZIP **TAMPA FL 33616 ☑** Change VTD ☐ Addition ☐ Delete TITLE TITLE Farlow, Jue FARLOW, JOE NAME 5410. A West Typon Avenue STREET ADDRESS STREET ADDRESS 5302 WEST INGRAHAM STREET CITY-ST-ZIP CITY-ST-ZIP **TAMPA FL 33616** Change - - Addition-- Delete TITE F. --TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 697, 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.