## **2003 FOR PROFIT CORPORATION** UNIFORM BUSINESS REPORT (UBI

Mailing Address

10656 LOCUST STREET

PALM BEACH GARDENS FL 33418

## P99000028646 DOCUMENT #

1. Entity Name

Principal Place of Business

1400 OLD DIXIE HWY

LAKE PARK FL 33403

WOODHAM INDUSTRIES INC.



## FILED Jan 15, 2003 8:00 am Secretary of State

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2. Principal Place of Business Mailing Address 400 Old Dikie Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City<sub>1</sub>& State City & State 4. FEI Number Applied For 65-0910066 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WOODHAM, ROBERT C Street Address (P.O. Box Number is Not Acceptable) 10656 LOCUST: STREET PALM BEACH GARDENS FL 33418 City 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 SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Addition NAME Woodham, Robert C NAME STREET ADDRESS 10656 LOCUST STREET STREET ADDRESS CITY-ST-ZIP PALM BEACH GARDENS FL 33418 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IF CITY-ST-ZIP TITLE ☐ Defete TITI F ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS

12. Thereby certify that the information supplied with this filling 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 truttee 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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OF

CR2E034 (10/02)