

2000 UNIFORM BUSINESS REPORT (UBR)

7/11/00-90004-046-\$150.00-\$150.00

DOCUMENT # P99000033408

1. Entity Name

WOODCAST, INC.

FILED 091400
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 SEP 15 PM 3:03

Principal Place of Business

Mailing Address

17024 TRAVERSE CIRCLE
JUPITER FL 33477

17024 TRAVERSE CIRCLE
JUPITER FL 33477-1212

2. Principal Place of Business

3. Mailing Address

223 CRESCENT CIRCLE S.W.

Suite, Apt. #, etc.

City & State

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DO NOT WRITE IN THIS SPACE

4. FEI Number

68-0909258

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

EVANS, THOMAS H JR
17024 TRAVERSE CIRCLE
JUPITER FL 33477

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
NAME
STREET ADDRESS
CITY-ST-ZIP
D
EVANS, THOMAS H JR
17024 TRAVERSE CIRCLE
JUPITER FL 33477 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
EVANS, SCOTT
2732 SPENCERS TRACE
MARIETTA GA 30062 ☐ Delete

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

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☐ 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 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 #

CR: E014 (1/98)

Woodcast, Inc.
223 Crescent Circle
Marietta, Ga 30064

-2-
P99000033408

Florida Dept of State
Division of Corporations
P.O. Box 1500
Tallahassee, Fl 32302-1500

September 11, 2000

To Whom It May Concern:

Enclosed please find 2000 uniform business report form, document P99000033408 with the information requested in block 4 (the FEI number).

I have a special appeal to have the \$400.00 late fee waived because my office is in Marietta, Ga and my wife neglected to mail me the renewal form for four months. She didn't realize the importance of the matter and I appeal to you to waive the fee with my personal assurances that it will not happen again. The penalty of \$400.00 is much to severe for a very young struggling company that is attempting to get a start in business.

Your serious consideration in this matter would be greatly appreciated.

Sincerely;



T.H. Evans, Jr.