

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000034190

1. Entity Name

WOOD YOU OF NEW PORT RICHEY, INC.

FILED

May 11, 2000 8:00 am
Secretary of State

05-11-2000 90200 001 *1,650.00

Principal Place of Business

7105 US HWY. 19 NORTH
NEW PORT RICHEY FL 34652

Mailing Address

7105 US HWY. 19 NORTH
NEW PORT RICHEY FL 34652-1638

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

c/o Gerald Weedon, Esq.

Suite, Apt. #, etc.

1200 Riverplace Blvd., #800

City & State
Jacksonville FL 32207

Zip

Country

4. FEI Number

59-3553873

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fees Required

6. Name and Address of Current Registered Agent

BLANKENSHIP, CHARLES
2320 N. LIBERTY ST.
JACKSONVILLE FL 32206

7. Name and Address of New Registered Agent

Name

Gerald W. Weedon

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

1200 Riverplace Blvd., 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

Gerald W. Weedon

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/26/00

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

TITLE	D	<input type="checkbox"/> Delete
NAME	BLANKENSHIP, CHARLES	
STREET ADDRESS	2320 N. LIBERTY ST.	
CITY-ST-ZIP	JACKSONVILLE FL 32206	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BLANKENSHIP, HELEN W	
STREET ADDRESS	2320 N. LIBERTY ST.	
CITY-ST-ZIP	JACKSONVILLE FL 32206	
TITLE	D	<input type="checkbox"/> Delete
NAME	JOHNSTON, ALTON	
STREET ADDRESS	420 MOCKINGBIRD LANE	
CITY-ST-ZIP	AUBURN AL 36830	
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		

12. 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
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 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:

Alton Johnston

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)