

DOCUMENT # P99000074114

1. Entity Name

WOODMANSEE ARMS, INC.

C0032318

Principal Place of Business	Mailing Address
33 BAYVIEW LANE OSPREY FL 34229	33 BAYVIEW LANE OSPREY FL 34229

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State

Zip	Country	Zip	Country
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4. FEI Number	65-0516211	Applied For
		Not Applicable

5. Certificate of Status Desired: ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
<p>WOODMANSEE, MARK 33 BAYVIEW LANE OSPREY FL 34229</p>

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	<div style="text-align: center; font-size: 2em; font-weight: bold;">FL</div> <div>Zip Code</div>

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

<p>9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/></p>	<p align="center">FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State</p>	<p>10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees</p>
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[illegible]

12.					
ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
	<input type="checkbox"/>	Change	<input type="checkbox"/>	Addition	
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	<input type="checkbox"/>	Change	<input type="checkbox"/>	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
	<input type="checkbox"/>	Change	<input type="checkbox"/>	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
	<input type="checkbox"/>	Change	<input type="checkbox"/>	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
	<input type="checkbox"/>	Change	<input type="checkbox"/>	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: Mark Woodruff 3-5-01 941-966-3630
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)