

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000085636

1. Entity Name

WOODSTOCK SPECIALTY CONSTRUCTION, INC.

FILED
Apr 14, 2000 8:00 am
Secretary of State

04-14-2000 90081 047 ***150.00

Principal Place of Business

211 EAST GRANT STREET
ORLANDO FL 32806

Mailing Address

211 EAST GRANT STREET
ORLANDO FL 32806-3044

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3603022

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SUAREZ, LESLEY ANN
211 EAST GRANT STREET
ORLANDO FL 32806

Name

Lesley Ann Woodstock

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

211 E. Grant Street

City

Orlando

FL

Zip Code

32806

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.

(NAME CHANGE DUE TO MARRIAGE)

SIGNATURE

Lesley Ann Woodstock - VICE PRESIDENT

04.10.00

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	PSD	<input type="checkbox"/> Delete
NAME	WOODSTOCK, MARK D	
STREET ADDRESS	211 EAST GRANT STREET	
CITY-ST-ZIP	ORLANDO FL 32806	
TITLE	VTD	<input type="checkbox"/> Delete
NAME	SUAREZ, LESLEY ANN	
STREET ADDRESS	211 EAST GRANT STREET	
CITY-ST-ZIP	ORLANDO FL 32806	
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		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LESLEY ANN WOODSTOCK	
STREET ADDRESS	211 E. Grant Street	
CITY-ST-ZIP	Orlando, FL 32806	
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
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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mark D. Woodstock, PSD

04.10.00

407.422.7495

Date

Daytime Phone #

CR2E034 (9/99)