

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2003 8:00 am
Secretary of State

02-10-2003 90172 014 ***150.00

DOCUMENT # S08757

1. Entity Name
THE WOODSMITH OF SOUTHWEST FLORIDA, INC.



Principal Place of Business

~~1110 NE PINE ISLAND RD~~
~~UNIT 45~~
CAPE CORAL FL 33909
US

Mailing Address

1110 NE PINE ISLAND RD
UNIT 45
CAPE CORAL FL 33909
US

2. Principal Place of Business

901 NE 28th Lane
Suite Apt. #, etc.
Suite 'G'

City & State
Cape Coral FL

Zip Country
33909 FLA

3. Mailing Address

901 NE 28th Lane
Suite Apt. #, etc.
Suite 'G'

City & State
Cape Coral FL

Zip Country
33909 FLA



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3037320

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SCHNAUTZ, STEVEN G.
1829 SW 40TH STREET
CAPE CORAL FL 33914

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Steven G. Schnautz 2-6-03
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

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	SCHNAUTZ, STEVEN G.	
STREET ADDRESS	1829 SW 40TH STREET	
CITY-ST-ZIP	CAPE CORAL FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **REQUIRED C. Schnautz** 2-6-03 229-174-7143
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)