

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 22, 2000 8:00 am
Secretary of State

03-22-2000 90073 037 ***150.00

DOCUMENT # S63023

1. Entity Name

INKWOOD INCORPORATED

Principal Place of Business

**216 S ARMENIA AVE
 TAMPA FL 33609**

Mailing Address

**216 S ARMENIA AVE
 TAMPA FL 33609-3310**

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

59-3072632

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

**FREEMAN, JAMES R
 201 E KENNEDY BLVD.
 SUITE 1000
 TAMPA FL 33602**

7. Name and Address of New Registered Agent

Name **FREEMAN, JAMES R**
 Street Address (P.O. Box Number is Not Acceptable)
**1 N. DALE MABRY HWY
 SUITE 801**
 City **TAMPA** FL Zip Code **33609**

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 **VP** Delete
 NAME **JIMENEZ, CARLA**
 STREET ADDRESS **4414 W SAN CARLOS**
 CITY-ST-ZIP **RUSKIN FL 33570-4102**

TITLE **P** Change Addition
 NAME _____
 STREET ADDRESS **1415 DEIRDRE DRIVE**
 CITY-ST-ZIP _____

TITLE **P** Delete
 NAME **REINER, LESLIE ANNE**
 STREET ADDRESS **811 S EDISON AVENUE**
 CITY-ST-ZIP **TAMPA FL 33609**

TITLE **VP** Change Addition
 NAME _____
 STREET ADDRESS _____
 CITY-ST-ZIP _____

TITLE _____ Delete
 NAME _____
 STREET ADDRESS _____
 CITY-ST-ZIP _____

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

TITLE _____ Delete
 NAME _____
 STREET ADDRESS _____
 CITY-ST-ZIP _____

TITLE _____ Change Addition
 NAME _____
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TITLE _____ Delete
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 STREET ADDRESS _____
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TITLE _____ Change Addition
 NAME _____
 STREET ADDRESS _____
 CITY-ST-ZIP _____

TITLE _____ Delete
 NAME _____
 STREET ADDRESS _____
 CITY-ST-ZIP _____

TITLE _____ Change 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: _____

[Handwritten Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/00
 Date

813 253 2638
 Daytime Phone #

CR2E034 (9/99)