

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S94111

1. Entity Name

OLDSWOOD, INC.

FILED
Mar 27, 2000 8:00 am
Secretary of State

03-27-2000 90071 041 ***150.00

Principal Place of Business

154 PARK AVE. S.
WINTER PARK FL 32789

Mailing Address

154 PARK AVE. S.
WINTER PARK FL 32789-4315

2. Principal Place of Business

3. Mailing Address

180 S. Knowles Ave

Suite, Apt. #, etc.

Suite 3

Suite, Apt. #, etc.

City & State

Winter Park FL

City & State

Zip

32789

Country

Orange

Zip

Orange

Country

Orange

4. FEI Number

59-3096222

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

GREEN, MICHAEL L.
154 PARK AVENUE SOUTH
WINTER PARK FL 32789

7. Name and Address of New Registered Agent

Name

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

180 S. Knowles Ave

Suite 3

City Winter Park

FL

Zip Code 32789

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.

Michael L. Green

3-21-00

(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

TITLE	P	<input type="checkbox"/> Delete
NAME	GREEN, MICHAEL L.	
STREET ADDRESS	154 PARK AVENUE SOUTH	
CITY-ST-ZIP	WINTER PARK FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	COLLISON, HARRY W., JR.	
STREET ADDRESS	154 PARK AVENUE SOUTH	
CITY-ST-ZIP	WINTER PARK FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	WOOD, PHILIP F.	
STREET ADDRESS	154 PARK AVENUE SOUTH	
CITY-ST-ZIP	WINTER PARK FL	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	180 S. Knowles Ave #3
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	180 S. Knowles Ave #3
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	180 S. Knowles Ave #3
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	
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:

 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael L. Green

Date

3-21-00

Daytime Phone #

407-647-0800

CR2E034 (9/99)