2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S96970

1. Entity Name

W. W. WOODS CO., INC.

FILED
Jan 24, 2000 8:00 am
Secretary of State

01-24-2000 90264 037 ***150.00

Principal Place of Business	Mailing Address
5430 53RD ST.-MAULE WAY MAGNOLIA PARK FL 33407	5430 53RD ST.-MAULE WAY MANGONIA PARK FL 33407 US

DO NOT WRITE IN THIS SPACE

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 65-0304680 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WOODS, KATHERINE L. 5430 53RD ST.-MAULE WAY MAGNOLIA PARK FL 33407	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.

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	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	WOODS, JOHN H., JR.	NAME	
STREET ADDRESS	361 FLEMING AVE.	STREET ADDRESS	
CITY-ST-ZIP	GREENACRES FL	CITY-ST-ZIP	
TITLE	P ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	WOODS, KATHERINE L.	NAME	
STREET ADDRESS	361 FLEMING AVE.	STREET ADDRESS	
CITY-ST-ZIP	GREENACRES FL	CITY-ST-ZIP	
TITLE	VP ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	WOODS, MARGUERITE	NAME	
STREET ADDRESS	361 FLEMING AE	STREET ADDRESS	
CITY-ST-ZIP	GREEN ACRES FL	CITY-ST-ZIP	
TITLE	S ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	SHUNGER, LYNNETTE WOODS	NAME	
STREET ADDRESS	273 ARABIAN RD	STREET ADDRESS	
CITY-ST-ZIP	PALM SPRINGS FL	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034 (9/99)

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: Katherine L. Woods — 1/18/00 — 561 842-2509

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #