

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S96970

1. Entity Name

W. W. WOODS CO., INC.

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 90369 037 ***550.00

550664



DO NOT WRITE IN THIS SPACE

Principal Place of Business 5430 53RD ST-MAULE WAY MAGNOLIA PARK FL 33407	Mailing Address 5430 53RD ST-MAULE WAY MANGONIA PARK FL 33407 US
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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		<input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

WOODS, KATHERINE L.
5430 53RD ST-MAULE WAY
MAGNOLIA PARK FL 33407

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.

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) <input type="checkbox"/>	FILE NOW!!! FEE'S \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	WOODS, JOHN H., JR.	
STREET ADDRESS	361 FLEMING AVE.	
CITY-ST-ZIP	GREENACRES FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	WOODS, KATHERINE L.	
STREET ADDRESS	361 FLEMING AVE.	
CITY-ST-ZIP	GREENACRES FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	WOODS, MARGUERITE	
STREET ADDRESS	361 FLEMING AE	
CITY-ST-ZIP	GREEN ACRES FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	SHUNGER, LYNNETTE WOODS	
STREET ADDRESS	273 ARABIAN RD	
CITY-ST-ZIP	PALM SPRINGS FL	
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 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		
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: Katherine L Woods 5/17/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 5/17/01 Daytime Phone: 550-5500

CR2E034 (10/00)