2000 UNIFORM BUSINESS REPORT (UBR) FILED Mar 06, 2000 8:00 am Secretary of State **DOCUMENT # \$98861** 1. Entity Name WOODARD ENTERPRISES INC. 03-06-2000 90051 007 ***150.00 Principal Place of Business Mailing Address 4400 ALPINE LANE 11 MAIN STEET TITUSVILLE FL 32780 TITUSVILLE FL 32796-3590 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0292152 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WOODARD, SAMUEL R. Street Address (P.O. Box Number is Not Acceptable) 4400 ALPINE LANE TITUSVILLE FL 32780 City Zip Code FL 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, 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 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. Addition TITLE ☐ Delete Change WOODARD, SAMUEL R NAME 4400 ALPINE LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITUSVILLE FL Change Addition TITLE ☐ Delete TITLE WOODARD, PATRICIA K. NAME STREET ADDRESS STREET ADDRESS 4400 ALPINE LANE CITY-ST-ZIE CITY-ST-ZIP TITUSVILLE FL ☐ Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Change Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change TITLE □ Delete TITLE NAME NAME

13. Thereby 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 of leaster 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 the opposition.

TITLE

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Delete

PATRICIAK. WOODARIS

2/21/00 719 539437

Daytime Phone #

☐ Change

Addition