

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000005116

1. Entity Name  
MAGGOT THERAPY, LLC

FILED

01 JUN 22 AM 11:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
28051 U.S. HIGHWAY 19 NORTH, SUITE G  
CLEARWATER FL 33761-2647

Mailing Address  
28051 U.S. HIGHWAY 19 NORTH, SUITE G  
CLEARWATER FL 33761-2647

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 3642478

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BOLEN, DAVID C  
28051 U.S. HIGHWAY 19 NORTH, SUITE G  
CLEARWATER FL 33761-2647

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

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State

300004460693-4  
-07/05/01--01103--002  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MANAGER  
DAVID C BOLEN  
28051 US 19 NORTH, SUITE G  
CLEARWATER FL 33761 2647

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DALE R WOODRUFF  
MANAGER  
28051 US 19 NORTH SUITE G  
CLEARWATER FL 33761 2647

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

TITLE  
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11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

*DAVID C BOLEN*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

04-30-01

Date

727-797-6921

Daytime Phone #

CR2E083 (11/00)