

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 09, 2002 8:00 am**  
**Secretary of State**

03-11-2002 90006 016 \*\*\*\*50.00

**DOCUMENT # L01000011518**

1. Entity Name

**ADVIZERS LLC**

Principal Place of Business

15 PARADISE PLAZA  
 #260  
 SARASOTA FL 34239  
 US

Mailing Address

15 PARADISE PLAZA  
 #260  
 SARASOTA FL 34239  
 US

2. Principal Place of Business

17466 Inglewood Ave  
 Suite, Apt. #, etc.

3. Mailing Address

17466 Inglewood Ave.  
 Suite, Apt. #, etc.

City & State

Port Charlotte, FL

City & State

Port Charlotte, FL

4. FEI Number

26-0004857

Applied For

Not Applicable

Zip

33954

Country

Charlotte

Zip

33954

Country

Charlotte

5. Certificate of Status Desired ☐

**\$5.00** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

WOOD, JAMES F  
 17466 INGLEWOOD AVE.  
 PORT CHARLOTTE FL 33954

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]*

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**  
**Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete  
 NAME WOOD, JAMES F  
 STREET ADDRESS 17466 INGLEWOOD AVE.  
 CITY-ST-ZIP PORT CHARLOTTE FL 33954

TITLE MGRM ☐ Delete  
 NAME CRAIG, MARY  
 STREET ADDRESS 4850 BRYWILL CIRCLE  
 CITY-ST-ZIP SARASOTA FL 34234

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

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

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

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

*[Signature]* JAMES F. WOOD

Date

Daytime Phone #

2.26.02

941-743-4363

CR2E083 (9/01)