

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 12, 2002 8:00 am**  
**Secretary of State**

05-12-2002 90590 013 \*\*\*\*50.00

**DOCUMENT # L01000011658**

1. Entity Name

**MERIDETH WOODARD, LLC**

Principal Place of Business

**46 NORTH WASHINGTON BLVD., STE. 1  
SARASOTA FL 34236**

Mailing Address

**46 NORTH WASHINGTON BLVD., STE. 1  
SARASOTA FL 34236**

**957937**

2. Principal Place of Business

**202 TENTH AVE. WEST**

3. Mailing Address

**202 TENTH AVE. WEST**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

**BRADENTON, FLORIDA**

City & State

**BRADENTON, FLORIDA**

4. FEI Number

**APPLIED FOR**

Applied For

Not Applicable

Zip

**34205**

Country

Zip

**34205**

Country

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

**PATTERSON, JOHN**

**46 NORTH WASHINGTON BLVD., STE. 1  
SARASOTA FL 34236**

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  
Due By May 1, 2002**

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		<b>MGRM MERIDETH, GASTON D. 202 TENTH AVE. WEST BRADENTON, FLORIDA 34205</b>	
		<b>MGRM WOODARD, FRANK E. II 6745 65th TERRACE EAST BRADENTON, FLORIDA 34203</b>	
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
			<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 REQUIRED**

**(941) 747-1906**

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

Date

Daytime Phone #

CR2E083 (9/01)