

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 10, 2002 8:00 am**  
**Secretary of State**

02-05-2002 90073 034 \*\*\*\*\*50.00

**DOCUMENT # L01000020403**

1. Entity Name

**WADSWORTH+O'NEAL PROPERTIES, L.L.C.**

Principal Place of Business

**6315 PRESIDENTIAL COURT**  
**SUITE A**  
**FT. MYERS FL 33919**

Mailing Address

**6315 PRESIDENTIAL COURT**  
**SUITE A**  
**FT. MYERS FL 33919**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**65-1155549**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional**  
**Fee Required**

6. Name and Address of Current Registered Agent

**KNOTT, GEORGE H**  
**1625 HENDRY STREET**  
**SUITE 301**  
**FT. MYERS FL 33901**

7. Name and Address of New Registered Agent

Name **O'Neal, Edward J.**

Street Address (P.O. Box Number is Not Acceptable)

**6315 Presidential Court, Suite A**City **Ft. Myers****FL**Zip Code **33919**

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 date if applicable

(NOTE: Registered Agent signature required when re-registering)

**2/25/02**

DATE

**FILE NOW!!! FEE IS \$50.00**

**Make Check Payable to Department of State**  
**Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete  
 NAME **WADSWORTH, DANIEL H**  
 STREET ADDRESS **6315 PRESIDENTIAL COURT**  
 CITY-ST-ZIP **FT. MYERS FL 33919**

TITLE **MGR** ☐ Delete  
 NAME **O'NEAL, EDWARD J**  
 STREET ADDRESS **6819 CARMELE DRIVE**  
 CITY-ST-ZIP **FT. MYERS FL 33919**

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 **Mgr O'Neal, Edward J.**  
 STREET ADDRESS **6315 Presidential Court, Suite A**  
 CITY-ST-ZIP **Ft Myers, FL 33919**

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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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

**D. H. Wadsworth****Daniel H. Wadsworth, Manager****1/31/02**

Date

**941-454-5511**

Daytime Phone #

CR2E083 (9/01)