

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 14, 2003 8:00 am
Secretary of State

08-14-2003 90047 024 ****50.00

DOCUMENT # L02000005137

1. Entity Name

WOODARD & ASSOCIATES, LLC



Principal Place of Business

1601 JACKSON STREET, SUITE 201
FORT MYERS FL 33901

Mailing Address

1601 JACKSON STREET, SUITE 201
FORT MYERS FL 33901

2. Principal Place of Business

1117 LUCERNE AVE

Suite, Apt. #, etc.

3. Mailing Address

1117 LUCERNE AVE

Suite, Apt. #, etc.

City & State

CAPE CORAL FL

Zip

33904

Country

LEE

City & State

CAPE CORAL, FL

Zip

33904

Country

LEE

4. FEI Number

01-0629390

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

MAHER, ROBERT T
1601 JACKSON STREET, SUITE 201
FORT MYERS FL 33901

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State
Due By September 24, 2003

9. MANAGING MEMBERS / MANAGERS

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	WOODARD, CATHERINE M	
STREET ADDRESS	14 CARLY COURT	
CITY-ST-ZIP	OCEAN VIEW DE 19970	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	WOODARD, RICHARD R	
STREET ADDRESS	14 CARLY COURT	
CITY-ST-ZIP	OCEAN VIEW DE 19970	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	BERNARDINI, FRED	
STREET ADDRESS	66 ENGLISH ROAD	
CITY-ST-ZIP	PITTSBORO NJ 08318	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS / CHANGES

TITLE	MGRM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOODARD, CATHERINE M	
STREET ADDRESS	1117 LUCERNE AVE	
CITY-ST-ZIP	CAPE CORAL, FL 33904	
TITLE	MGRM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOODARD, RICHARD R	
STREET ADDRESS	1117 LUCERNE AVE	
CITY-ST-ZIP	CAPE CORAL, FL 33904	
TITLE	MGRM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERNARDINI, ALFRED J SR.	
STREET ADDRESS	66 ENGLISH ROAD	
CITY-ST-ZIP	PITTSBORO, N.J. 08318	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

8-10-2003 239-540-9979

Date

Daytime Phone #

CR2E083 (4/03)

0018275