

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 16, 2003 8:00 am
Secretary of State

01-16-2003 90226 048 ****50.00

DOCUMENT # L02000017913

1. Entity Name

WOODALL AND WINGARD INVESTIGATIONS, LLC.



Principal Place of Business

**2716 ST. JOHNS AVE
JACKSONVILLE FL 32205**

Mailing Address

**2716 ST. JOHNS AVE
JACKSONVILLE FL 32205**

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

46-0492057

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

BLANKENSHIP, KIMBERLY A ESQ.

~~1300 MARSH LANDING PKWY~~

~~100~~

JACKSONVILLE BEACH FL 32250

Name

Blankenship, Kimberly A.

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

2716 St. Johns Ave

City

Jacksonville

FL

Zip Code

32205

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 May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME **Managing 1**
STREET ADDRESS **Mr. Kevin Woodall**
CITY-ST-ZIP **2716 St. Johns Ave Jacksonville FL 32205**

☐ Delete

TITLE
NAME **J. Michael Wingard**
STREET ADDRESS **2716 St. Johns Ave**
CITY-ST-ZIP **Jax FL 32205**

☐ Delete

TITLE
NAME **Kimberly A. Blankenship**
STREET ADDRESS **2716 St. Johns**
CITY-ST-ZIP **Jax FL 32205**

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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:

SIGNATURE REQUIRED

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

Date

Daytime Phone #

01/13/03 904 543-8665

CR2E083 (10/02)