

FILED  
Feb 28, 2003 8:00 am  
Secretary of State

01-24-2003 90254 046 \*\*\*\*50.00

**2003 LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

1/

DOCUMENT # L02000018135

1. Entity Name  
WDB HOLDINGS, LLC



Principal Place of Business  
4248 KENSINGTON HIGH ST.  
NAPLES FL 34105

Mailing Address  
4248 KENSINGTON HIGH ST.  
NAPLES FL 34105

2. Principal Place of Business  
5201 TAMMAMITAIL N

3. Mailing Address  
SAME AS 2

Suite, Apt. #, etc.  
SUITE 2

Suite, Apt. #, etc.

City & State  
NAPLES

City & State

4. FEI Number  
02-0633729

Applied For  
Not Applicable

Zip  
34103

Country  
US

Zip

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

NOVATT, JEFF M ESQ.  
CHEFFY, PASSIDOMO, WILSON & JOHNSON, LLP  
821 FIFTH AVE. SOUTH, STE. 201  
NAPLES FL 34102

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 May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MANAGING MEMBER  
Wm. DOUGLAS BAXTER  
404 RUSSELL WOODS RD.  
TECUMSEH, ONTARIO N8N 3S5 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MEMBER  
NANCY BAXTER  
404 RUSSELL WOODS RD  
TECUMSEH, ONTARIO N8N 3S5 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITLE  
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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

1/20/03

Date

239-213-1552

Daytime Phone #

CR2E083 (10/02)