

# 2001 UNIFORM BUSINESS REPORT (UBR)

0019743 AF

DOCUMENT # **L98000003026**

1. Entity Name

**WORDEN FINANCIAL SERVICES, LLC**

**FILED**

**2001 MAY -2 PM 12: 25**

**DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
**16521 SAN CARLOS BOULEVARD  
 FORT MYERS FL 33908**

Mailing Address  
**16521 SAN CARLOS BOULEVARD  
 FORT MYERS FL 33908**

2. Principal Place of Business  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

4. FEI Number **65-0890271** Applied For  Not Applicable

5. Certificate of Status Desired  **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**WORDEN, THOMAS E  
 16521 SAN CARLOS BOULEVARD  
 FORT MYERS FL 33908**

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.

SIGNATURE \_\_\_\_\_ (NOTE Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$50.00  
 Make Check Payable to Department of State**

9. MANAGING MEMBERS/MEMBERS

TITLE	<b>MGRM</b>	<input type="checkbox"/> Delete
NAME	<b>WORDEN, THOMAS E</b>	
STREET ADDRESS	<b>16521 SAN CARLOS BOULEVARD</b>	
CITY-ST-ZIP	<b>FORT MYERS FL 33908</b>	
TITLE	<b>MGRM</b>	<input type="checkbox"/> Delete
NAME	<b>M. MICHAEL, KEVIN J</b>	
STREET ADDRESS	<b>16521 SAN CARLOS BLVD</b>	
CITY-ST-ZIP	<b>FT. MYERS, FL 33908</b>	
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		<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		
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: KEVIN M. MICHAEL **MANAGER** Date: **4/20/01** Daytime Phone #: **941-466-7594**

CR2E083 (11/00)