

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000115118

1. Entity Name

WOODLEY GROUP, INC.

FILED

Feb 15, 2001 8:00 am  
Secretary of State

02-15-2001 90334 018 \*\*\*150.00

Principal Place of Business

P.O. BOX 1263  
NAPLES FL 34106

Mailing Address

P.O. BOX 1263  
NAPLES FL 34106

# 1253

# 1253

2. Principal Place of Business

1253 AIRPORT Pulling SO

3. Mailing Address

1253 AIRPORT Pulling SO

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

NAPLES FLORIDA

City & State

NAPLES, FLORIDA

4. FEI Number

59-3691596

Applied For

Not Applicable

Zip

34104

Country

USA

Zip

34104

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WOODLEY, JAMES E  
C/O DAVID E. LEIGH, P.A.  
5150 TAMAMI TRAIL N STE 501  
NAPLES FL 34103

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back)



**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution.

☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete  
NAME WOODLEY, JAMES E  
STREET ADDRESS P.O. BOX 1263  
CITY - ST - ZIP NAPLES FL 34106

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

TITLE D ☐ Delete  
NAME WOODLEY, SANDRA A  
STREET ADDRESS P.O. BOX 1263  
CITY - ST - ZIP NAPLES FL 34106

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

TITLE ☐ Delete  
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STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition  
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13. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Sandra Woodley President

2/12/01 941-659-0501

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)