

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 31, 2002 8:00 am
Secretary of State

05-20-2002 90256 012 ***150.00
 07-31-2002 90103 035 ***400.00

DOCUMENT # P01000077467

1. Entity Name
THE WOODS GROUP OF S.W. FLORIDA, INC.

Principal Place of Business

**8470 CASA DEL RIO LN
 FT MYERS FL 33919**

Mailing Address

**8470 CASA DEL RIO LN
 FT MYERS FL 33919**

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

65-1125750

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**SOUTHWEST PROFESSIONAL SERVICES OF SOUTH F
 LORIDA, INC.**

**13571 MCGREGOR BLVD, #22
 FT MYERS FL 33919**

7. Name and Address of New Registered Agent

Name

Robbie VanAuken

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

8470 CASA DEL RIO LN.

City

FT. MYERS FL.

FL

Zip Code

33919

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

Robbie VanAuken

Robbie VanAuken

8/29/02

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 \$550.00
 After September 13, 2002 Fee will be \$750.00
 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 **PRESIDENT** ☐ Delete
 NAME **Rob Woods**
 STREET ADDRESS **8801 WOODGATE DR.**
 CITY-ST-ZIP **FT. MYERS FL. 33908**

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

TITLE **Vice President** ☐ Delete
 NAME **RON GLAGG**
 STREET ADDRESS **5787 COVE CIRCLE**
 CITY-ST-ZIP **NAPLES, FL. 34119**

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

TITLE **SECRETARY** ☐ Delete
 NAME **Robbie VanAuken**
 STREET ADDRESS **8470 CASA DEL RIO LN**
 CITY-ST-ZIP **FT. MYERS FL. 33919**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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

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: Robbie VanAuken

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/29/02

Date

239-279-9629

Daytime Phone *

CR2E034 (4/02)

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P01000077467**1. Entity Name
THE WOODS GROUP OF S.W. FLORIDA, INC.*Attachments*

Principal Place of Business

8470 CASA DEL RIO LN
FT MYERS FL 33919

Mailing Address

8470 CASA DEL RIO LN
FT MYERS FL 33919

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

65-1125750

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SOUTHWEST PROFESSIONAL SERVICES OF SOUTH F
LORIDA, INC.
13571 MCGREGOR BLVD, #22
FT MYERS FL 33919

7. Name and Address of New Registered Agent

Name *Robbie VanAken*
Street Address (P.O. Box Number is Not Acceptable)
8470 CASA DEL RIO LN.
City *FT. MYERS* FL Zip Code *33919*

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 *Robbie VanAken*
Signature, typed or printed name of registered agent and title if applicable.*Robbie VanAken*
(NOTE: Registered Agent signature required when reinstating)*4/24/02*
DATE9. 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, 2002 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE *PRESIDENT* ☐ Delete
NAME *Rob Woods*
STREET ADDRESS *8801 WOOD GATE DR.*
CITY-ST-ZIP *FT. MYERS FL. 33908*TITLE *Vice-President* ☐ Delete
NAME *RON GLACE*
STREET ADDRESS
CITY-ST-ZIPTITLE *SECRETARY* ☐ Delete
NAME *Robbie VANAKEN*
STREET ADDRESS *8470 CASA DEL RIO LN.*
CITY-ST-ZIP *FT. MYERS FL. 33919*TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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: *Robbie VanAken*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/02
Date*239-274 4629*
Daytime Phone

CR2E034 (9/01)



Abchmat

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

May 29, 2002

THE WOODS GROUP OF S.W. FLORIDA, INC.
8470 CASA DEL RIO LN
FT MYERS, FL 33919

Subject: ~~THE WOODS GROUP OF S.W. FLORIDA, INC.~~

Reference Number: **P01000077467**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

List the street address of each officer/director listed on the report or on an attachment.

TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/sm

ANNUAL REPORTS SECTION

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314