

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90247 029 ***158.75

DOCUMENT # P96000048574

1. Entity Name

WILLOUGHBY DEVELOPMENT GROUP, INC.

Principal Place of Business

**C/O LAW OFFICES OF JENNIFER L. WHITELAW
 3838 TAMiami TRAIL NORTH, SUITE 310
 NAPLES FL 34103
 US**

Mailing Address

**11280 COMPASS POINT DRIVE
 FORT MYERS FL 33908
 US**

2. Principal Place of Business

3. Mailing Address

3838 Tamiami Trail N

Suite, Apt. #, etc.

Suite, Apt. #, etc.

310

City & State

City & State

Naples FL

Zip

Country

Zip

Country

FL 34103 USA

4. FEI Number

65-0675296

Applied For

Not Applicable

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

**WHITELAW, JENNIFER L
 LAW OFFICES OF JENNIFER L. WHITELAW
 3838 TAMiami TRAIL NORTH, SUITE 310
 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, 2002 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 **PSTD** ☐ Delete
 NAME **WILLOUGHBY, JOSEPH E**
 STREET ADDRESS **11280 COMPASS POINT DR.**
 CITY-ST-ZIP **FT MYERS FL 33908**

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

TITLE **VP** ☐ Delete
 NAME **WILLOUGHBY, JONI M**
 STREET ADDRESS **11280 COMPASS POINT DR.**
 CITY-ST-ZIP **FT MYERS FL 33908**

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

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 CITY-ST-ZIP ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4-26-02 (941)
 437-2136**

CR2E034 (9/01)