

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 26, 2003 8:00 am
Secretary of State

02-26-2003 90160 008 ***158.75

DOCUMENT # P96000048574

1. Entity Name
WILLOUGHBY DEVELOPMENT GROUP, INC.



Principal Place of Business
C/O LAW OFFICES OF JENNIFER L. WHELAN LEGAL GROUP
3838 TAMiami TRAIL NORTH, SUITE 310
NAPLES FL 34103
US

Mailing Address
C/O LAW OFFICES OF JENNIFER L. WHELAN LEGAL GROUP
3838 TAMiami TRAIL NORTH, SUITE 310
NAPLES FL 34103
US



2. Principal Place of Business
11280 COMPASS POINT DR
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
FORT MYERS, FL

City & State

Zip
33908

Country

Zip

Country

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

WHELAN, JENNIFER L
LAW OFFICES OF JENNIFER L. WHELAN
3838 TAMiami TRAIL NORTH, SUITE 310
NAPLES FL 34103

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. 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 \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSTD
WILLOUGHBY, JOSEPH E ☐ Delete
11280 COMPASS POINT DR.
FT MYERS FL 33908

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Joseph Wiloughby** **1-28-03** **(239) 437-2136**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)