

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000016046

1. Entity Name

JANET WOODS, P.A.

FILED
Jul 13, 2000 8:00 am
Secretary of State

07-13-2000 90011 048 ***550.00

Principal Place of Business

425 GERMAIN AVE
NAPLES FL 34108

Mailing Address

425 GERMAIN AVE
NAPLES FL 34110-3665

2. Principal Place of Business

129 BAREFOOT CIRCLE
Suite, Apt. #, etc.

3. Mailing Address

129 BAREFOOT CIRCLE
Suite, Apt. #, etc.

City & State

BONITA SPRINGS, FL

City & State

BONITA SPRINGS, FL

Zip

34134

Country

USA

Zip

34134

Country

USA

4. FEI Number

59-3435831

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent.

WOODS, JANET
425 GERMAIN AVE
NAPLES FL 34108

Name

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

129 BAREFOOT CIRCLE

City

BONITA SPRINGS

FL

Zip Code

34134

7. Name and Address of New Registered Agent

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

Janet Woods

JANET WOODS, PRESIDENT

6-3-00

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, 2000 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

TITLE ☐ Delete
NAME D
STREET ADDRESS WOODS, JANET
CITY-ST-ZIP 425 GERMAIN AVE
NAPLES FL 34108

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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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)(l), 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:

Janet Woods
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

6-3-00

(941) 948-9009

EX. 225