

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000016046

1. Entity Name

JANET WOODS, P.A.

FILED

Apr 19, 2001 8:00 am
Secretary of State

04-19-2001 90024 029 ***150.00

Principal Place of Business

129 BAREFOOT CIRCLE
BONITA SPRINGS FL 34134

Mailing Address

129 BAREFOOT CIRCLE
BONITA SPRINGS FL 34134

2. Principal Place of Business

3373 TIMBERWOOD CIRCLE

3. Mailing Address

3373 TIMBERWOOD CIRCLE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

NAPLES, FLORIDA

City & State

NAPLES, FLORIDA

4. FEI Number 59-3435831

Applied For

Not Applicable

Zip
34105

Country
USA

Zip
34105

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

WOODS, JANET
129 BAREFOOT CIRCLE
BONITA SPRINGS FL 34134

Name

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

3373 TIMBERWOOD CIRCLE

City
NAPLES

FL

Zip Code
34105

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
3373 TIMBERWOOD CIRCLE
NAPLES, FLORIDA 34105 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
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: JANET WOODS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)