

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2002 8:00 am
Secretary of State
 05-15-2002 90078 002 ***150.00

0498940 AV

DOCUMENT # P97000016046

1. Entity Name
JANET WOODS, P.A.

Principal Place of Business
3373 TIMBERWOOD CIRCLE
NAPLES FL 34105

Mailing Address
3373 TIMBERWOOD CIRCLE
NAPLES FL 34105



2. Principal Place of Business

129 BAREFOOT CIRCLE
 Suite, Apt. #, etc.

3. Mailing Address

129 BAREFOOT CIRCLE
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
BONITA SPRINGS, FL
Zip **34134** **Country** **COLLIER**

City & State
BONITA SPRINGS, FL
Zip **34134** **Country** **COLLIER**

4. FEI Number **59-3435831**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

WOODS, JANET
3373 TIMBERWOOD CIRCLE
NAPLES FL 34105

7. Name and Address of New Registered Agent

Name **JANET WOODS**
Street Address (P.O. Box Number is Not Acceptable) **129 BAREFOOT CIRCLE**
City **BONITA SPRINGS** **FL** **Zip Code** **34134**

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**

Signature, typed or printed name of registered agent and title if applicable.

Janet Woods

(NOTE: Registered Agent signature required when reinstating)

4-20-02

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 ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

TITLE **D** ☒ **Delete**
NAME **WOODS, JANET**
STREET ADDRESS **3373 TIMBERWOOD CIRCLE**
CITY-ST-ZIP **NAPLES FL 34105**

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ **Change** ☐ **Addition**
NAME **WOODS, JANET**
STREET ADDRESS **129 BAREFOOT CIRCLE**
CITY-ST-ZIP **BONITA SPRINGS, FL 34134**

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

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

TITLE ☐ **Change** ☐ **Addition**
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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:

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

4-20-02
 Date

(941) 948-9009
 Daytime Phone #

CP2E034 (9/01)