

2002 UNIFORM BUSINESS REPORT (UBR)

001753 AT

DOCUMENT # **A95000001050**

1. Entity Name

WILJOHN, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 JAN 29 PM 3:59

Principal Place of Business

Mailing Address

2101 INDIAN ROAD
WEST PALM BEACH FL 33409

2101 INDIAN ROAD
WEST PALM BEACH FL 33409

2. Principal Place of Business

2145 INDIAN Rd.

3. Mailing Address

2145 INDIAN Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2002



City & State

West Palm Bch., FL

City & State

West Palm Beach, FL

4. FEI Number

65-0607038

Applied For

Not Applicable

Zip

33409

Country

P.B.

Zip

33409

Country

PB

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

**MCallister, William S
2145 INDIAN ROAD
WEST PALM BEACH FL 33409**

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.

DATE

9. Capital Contributions as Shown on record.

\$9,800.00

10. Amount of Capital Contributions in FLORIDA to date.

158.75

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # **P95000051701**
NAME **MB HOLDING CORP.**
STREET ADDRESS **2145 INDIAN ROAD**
CITY-ST-ZIP **WEST PALM BEACH FL 33409**

STREET ADDRESS

CITY-ST-ZIP

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DOCUMENT #
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STREET ADDRESS

CITY-ST-ZIP

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

William S. McCallister
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1/25/02
Date

561-616-9003
Daytime Phone #

CR2E003 (9/01)

STAPLE CHECK HERE