

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

FILED
Feb 03, 2003 8:00 am
Secretary of State

02-03-2003 90435 001 ***300.00

DOCUMENT # 308126



1. Entity Name
WAYJOHN INC

Principal Place of Business
**980 N. MILITARY TRAIL
WEST PALM BEACH FL 33415-1320**

Mailing Address
**980 N. MILITARY TRAIL
WEST PALM BEACH FL 33415-1320**

55004348



Delete W. Wurster
☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1159808**

Applied For
Not Applicable

Zip Country

Zip Country

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

**WARDER, RUSSELL J
980 N MILITARY TRAIL
WEST PALM BEACH FL 33406**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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 ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	WURSTER, JOHN J	
STREET ADDRESS	2 INLET CAY	
CITY-ST-ZIP	OCEAN RIDGE FL	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	WURSTER, WAYNE M.	
STREET ADDRESS	852 PALO VERDE COURT	
CITY-ST-ZIP	WEST PALM BEACH FL 33406	
TITLE	VGM	<input type="checkbox"/> Delete
NAME	WARDER, RUSSELL J	
STREET ADDRESS	7319 VENETIAN WAY	
CITY-ST-ZIP	WEST PALM BEACH FL 33406	
TITLE	S	<input type="checkbox"/> Delete
NAME	WURSTER, DAVID A	
STREET ADDRESS	12863 MALLARD CREEK DRIVE	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33418	
TITLE	AST	<input type="checkbox"/> Delete
NAME	MORRIS, A.C.	
STREET ADDRESS	1483 E RD.	
CITY-ST-ZIP	LOXAHATCHEE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Russell J. Warder*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-6-02 **561-683-8444**
Date Daytime Phone #

CR2E034 (10/02)