

2002 UNIFORM BUSINESS REPORT (UBR)

0016820 AT

DOCUMENT # **A00000000674**

1. Entity Name
WEE PROPERTIES, LTD.

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

02 APR -4

Principal Place of Business
**85 SW 52ND AVENUE
OCALA FL 34471**

Mailing Address
**85 SW 52ND AVENUE
OCALA FL 34471**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

DUE BY MAY 1, 2002

4. FEI Number **59-3647415**

Applied For
Not Applicable

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

**EDWARDS, STEVE
85 SW 52ND AVENUE
OCALA FL 34471**

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

9. Capital Contributions as Shown on record. **\$3,000.00**

10. Amount of Capital Contributions in FLORIDA to date.

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 # **P00000032978**
NAME **EDWARDS MANAGEMENT OF OCALA, INC.**
STREET ADDRESS **85 SW 52ND AVENUE**
CITY-ST-ZIP **OCALA FL 34471**

STREET ADDRESS

CITY-ST-ZIP **500005235845-9**

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CITY-ST-ZIP

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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)(l), 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: **STEVEN M. EDWARDS**
REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4-1-02 (3.2) P54-6266
Date Daytime Phone #

CR2E003 (9/01)