

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A98000001732**

1. Entity Name
WCE LIMITED



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 JUL -1 AM 9:51

Principal Place of Business
**11 CHURCH STREET, SUITE 200
TORONTO, ONTARIO M5E 1W1
CANADA**

Mailing Address
**11 CHURCH STREET, SUITE 200
TORONTO, ONTARIO M5E 1W1
CANADA**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **98-0200523**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

DUE BY MAY 1, 2003

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SMITH, RALPH SR

14237 LAKE UNDERHILL ROAD

ORLANDO FL 32828

Name

SMITH RALPH SR

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

6003 RIVERSIDE DRIVE

City

YANKEETOWN

FL

Zip Code

34498

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 **RALPH SMITH**

DATE

4/23/03

9. Capital Contributions
as Shown on record.

\$99.00

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. 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 # **P98000062790**
NAME **WCE FLORIDA, INC.**
STREET ADDRESS **11 CHURCH STREET, SUITE 200**
CITY-ST-ZIP **TORONTO, ON. M5E 1W1 CA**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

700018472387
05/08/03--01006--024 **52.50

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700018472387
07/01/03--01029--002 **88.75

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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:

SIGNATURE REQUIRED **AS.O.**

APRIL 22, 2003 **416-861-5787**

Date

Daytime Phone #

CR2E003 (10/02)