

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2003 8:00 am
Secretary of State

04-09-2003 90168 026 ***150.00

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DOCUMENT # F63735

1. Entity Name

WILLNER & WILLNER, INC.



Principal Place of Business

% MARTIN R. PRESS
500 E BROWARD BLVD. S1130
FT. LAUDERDALE FL 33394

Mailing Address

% MARTIN R. PRESS
500 E BROWARD BLVD. S1130
FT. LAUDERDALE FL 33394

2. Principal Place of Business

500 E. Broward Blvd.

Suite, Apt. #, etc.

Suite 1400

City & State

Fort Lauderdale, FL

Zip

33394

Country

USA

3. Mailing Address

500 E. Broward Blvd.

Suite, Apt. #, etc.

Suite 1400

City & State

Fort Lauderdale, FL

Zip

33394

Country

USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

59-2159519

Applied For

☐ Not Applicable

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

6. Name and Address of Current Registered Agent

PRESS, MARTIN R.

500 EAST BROWARD BLVD

STE 1130

FT. LAUDERDALE FL 33394

7. Name and Address of New Registered Agent

Name

Press, Martin R.

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

500 E. Broward Blvd., Suite 1400

City

Fort Lauderdale

FL

Zip Code

33394

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

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

Martin R. Press

(NOTE: Registered Agent signature required when reinstating)

DATE

1/7/03

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
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **DP** ☐ Delete
NAME **WILLNER, JEFFREY C**
STREET ADDRESS **3840 UTOPIA CT**
CITY-ST-ZIP **COCONUT GROVE FL 33133**

TITLE **DSV** ☐ Delete
NAME **WILLNER, SHERILL**
STREET ADDRESS **3840 UTOPIA CT**
CITY-ST-ZIP **COCONUT GROVE FL 33133**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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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 my address, with all other like empowered.

SIGNATURE:

JEFFREY C WILLNER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/31/03

(305) 264-2907

CR2E034 (10/02)