

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 15, 2002 8:00 am
Secretary of State

03-15-2002 90003 025 ***150.00

MINOR AV

DOCUMENT # F98000007082

1. Entity Name

WJLN HOLDINGS, INC.

Principal Place of Business

2451 BRICKELL AVE., APT. 20A
MIAMI FL 33129

Mailing Address

2451 BRICKELL AVE., APT. 20A
MIAMI FL 33129

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0884283

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

RYDER, WILLIAM

2451 BRICKELL AVE., APT. 20A

MIAMI FL 33129

7. Name and Address of New Registered Agent

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	CPT	<input type="checkbox"/> Delete
NAME	RYDER, WILLIAM	
STREET ADDRESS	2451 BRICKELL AVE., APT. 20A	
CITY-ST-ZIP	MIAMI FL 33129	

TITLE	DS	<input type="checkbox"/> Delete
NAME	RYDER, JEANNE	
STREET ADDRESS	2451 BRICKELL AVE., APT. 20A	
CITY-ST-ZIP	MIAMI FL 33129	

TITLE	D	<input type="checkbox"/> Delete
NAME	RYDER, NEIL P	
STREET ADDRESS	1584 CHINA GROVE TR.	
CITY-ST-ZIP	TALLAHASSEE FL 32301	

TITLE	D	<input type="checkbox"/> Delete
NAME	RYDER, JEFF W DR.	
STREET ADDRESS	5156 SW MULTNOMAH BLVD #F	
CITY-ST-ZIP	PORTLAND OR 97219-3360	

TITLE	D	<input type="checkbox"/> Delete
NAME	RYDER, LISE A	
STREET ADDRESS	2205 PAUL RUSSELL CIR.	
CITY-ST-ZIP	TALLAHASSEE FL 32301	

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	3285 SW WENBLEY PARK RD.
CITY-ST-ZIP	Portland, OR 97034

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	1512 CHINA GROVE TRAIL
CITY-ST-ZIP	

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

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

William Ryder
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/4/02
 Date

305-285-6720
 Daytime Phone #

CR2E034 (9/01)