

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000001742

1. Entity Name
W3 INFORMATION SERVICES, LLC

APPROVED
AND
FILED

01 APR 27 AM 11:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
2102 GALAHAD DRIVE
DELTONA FL 32738-7744

Mailing Address
P.O. BOX 4153
ENTERPRISES FL 32725-0153



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
6818 KITTY HAWK CIRCLE
Suite, Apt. #, etc.

3. Mailing Address
270110 TALL OAKS CIRCLE
Suite, Apt. #, etc.

City & State
PENSACOLA, FL
Zip
32506
Country
ESCAMBIA

City & State
CONYERS, GA
Zip
30013
Country
DEKALB

4. FEI Number
59-3623232

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

WELBORN, WILLIAM E
2102 GALAHAD DRIVE
DELTONA FL 32738-7744

7. Name and Address of New Registered Agent

Name
WILLIAM E. WELBORN
Street Address (P.O. Box Number is Not Acceptable)
6818 KITTY HAWK CIRCLE
City
PENSACOLA FL Zip Code
32506

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

(NOTE: Registered Agent Signature required when reinstating)

2/28/01
DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PARTNER GREG W HIDDEN 29120 S.E. 175th ST. Umatilla, FL 32784	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PARTNER W. LAYTON WELBORN 2763 KINGS DALE DR. Deltona, FL 32738	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Partner, Registered Agent William WELBORN 2102 Galahad Dr. Deltona, FL 32738	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	300004194548-85 -05/10/01-01132-008 *****50.00 *****50.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PARTNER W. LAYTON WELBORN, MGRM 118 Foxglove Lane Columbia, SC 29210	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Partner, Registered Agent William WELBORN, MGRM 6818 Kitty Hawk Circle Pensacola, FL 32506	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE
WILLIAM E. WELBORN 2/28/01
Signature, typed or printed name of signing managing member, manager, or authorized representative

Date Daytime Phone #

0004644 AF

CR2E083 (11/00)