

2002 UNIFORM BUSINESS REPORT (UBR)

0033294

DOCUMENT # L00000009932

1. Entity Name
WPB INVESTMENTS, L.L.C.

FILED

02 MAY -9 AM 8:44

**SECRETARY OF STATE
TALLAHASSEE FLORIDA**

Principal Place of Business
**3540 FOREST HILL BLVD., #203
WEST PALM BEACH FL 33406**

Mailing Address
**3540 FOREST HILL BLVD., #203
WEST PALM BEACH FL 33406**



2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number **165-1059990** **APPLIED FOR**

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

Applied For
Not Applicable

6. Name and Address of Current Registered Agent
**DENTRY, DEBORAH A
3540 FOREST HILL BLVD., #203
WEST PALM BEACH FL 33406**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WPB MANAGEMENT INC. 3540 FOREST HILL BLVD., #203 WEST PALM BEACH FL 33406 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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****800.00 *****50.00**

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: *Deborah A Dentry* REQUIRED *Deborah A Dentry* 4/25/02 861-433-4810

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (9/01)