

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000001840

1. Entity Name

W & W LIMITED COMPANY

Principal Place of Business

6525 TEMPLE BLVD.
LOXAHATCHEE FL 33470

Mailing Address

6525 TEMPLE BLVD.
LOXAHATCHEE FL 33470

2. Principal Place of Business

4801 Dyer Blvd

3. Mailing Address

16525 Temple Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

West Palm Bch, FL

City & State

Loxahatchee, FL

Zip

33407

Country

USA

Zip

33470

Country

USA

FEI Number

65-1089133

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

WALKER, JIMMY
16525 TEMPLE BLVD.
LOXAHATCHEE FL 33470

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

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

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

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TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☒ Addition

* President
Jimmy Walker
16525 Temple Blvd
Loxahatchee, FL 33470

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☒ Addition

* Secretary
Frank Walker
2308 Wheeler Rd
Lorida, Florida 33851

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

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NAME
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CITY-ST-ZIP

☐ Change

☐ 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: *[Signature]* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

X 3/5/02 X 561-844-9909

FILED
May 24, 2002 8:00 am
Secretary of State

03-18-2002 90013 028 ****50.00



DO NOT WRITE IN THIS SPACE

CR2E083 (9/01)