

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Jun 23, 2002 8:00 am
Secretary of State

06-23-2002 90505 019 ****50.00

DOCUMENT # L01000005490

1. Entity Name

WEALTH WIZARD, L.C.

Principal Place of Business

**19276 NATURES VIEW CT.
BOCA RATON FL 33498**

Mailing Address

**19276 NATURES VIEW CT.
BOCA RATON FL 33498**

2. Principal Place of Business

6477 NW 38th WAY

3. Mailing Address

6477 NW 38th WAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

BOCA RATON, FL

City & State

BOCA RATON, FL

4. FEI Number

65-1101202

Applied For

Not Applicable

Zip

33496

Country

USA

Zip

33496

Country

USA5. Certificate of Status Desired ☐**\$5.00** Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ZIMMER, DAVID M
6477 N.W. 38TH WAY
BOCA RATON FL 33496-4076**

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

6/17/02**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	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
MGR	ZIMMER, DEBRA M	19276 NATURES VIEW CT.	BOCA RATON FL 33498	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
MGR	ZIMMER, DAVID M	19276 NATURES VIEW CT.	BOCA RATON FL 33498	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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**6/17/02****561-239-3004**

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

Date

Daytime Phone #

CR2E083 (9/01)