

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 07, 2002 8:00 am**  
**Secretary of State**

05-07-2002 90372 003 \*\*\*\*50.00

**DOCUMENT # L01000013865**

1. Entity Name

**W.R.M. VENTURES, L.L.C.**

Principal Place of Business

**909 MAR WALT DR., STE. 1014  
 FORT WALTON BEACH FL 32547**

Mailing Address

**909 MAR WALT DR., STE. 1014  
 FORT WALTON BEACH FL 32547**

2. Principal Place of Business

**Old Blue Mountain Beach Rd**

Suite, Apt. #, etc.

**Santa Rosa Beach, FL**

City & State

**32459**

Zip

Country

**USA**

3. Mailing Address

**501 Gulf Shore Dr #11**

Suite, Apt. #, etc.

City & State

**DESTIN FL**

Zip

**32541**

Country

4. FEI Number

**59-3740044**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**MCINNIS, C. JEFFREY  
 909 MAR WALT DR., STE. 1014  
 FORT WALTON BEACH FL 32547**

7. Name and Address of New Registered Agent

Name **John W. Wellborn**

Street Address (P.O. Box Number is Not Acceptable)

**501 Gulf Shore Dr. #11**

City **DESTIN**

**FL**

Zip Code **32541**

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]*

DATE

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

9. MANAGING MEMBERS / MANAGERS

TITLE **MGRM** ☒ Delete  
 NAME **MCINNIS, C. JEFFREY**  
 STREET ADDRESS **909 MAR WALT DR., STE. 1014**  
 CITY-ST-ZIP **FORT WALTON BEACH FL 32547**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

10. ADDITIONS / CHANGES

TITLE **PRESIDENT** ☒ Change ☐ Addition  
 NAME **John W. Wellborn**  
 STREET ADDRESS **501 Gulf Shore Dr. #11**  
 CITY-ST-ZIP **DESTIN, FL 32541**

TITLE ☐ Change ☐ Addition  
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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]*

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

Date

Daytime Phone #

**4/22/02 (850) 585-9988**

CR2E083 (9/01)