

# 2002 UNIFORM BUSINESS REPORT (UBR)

1/1  
**FILED**  
**Feb 21, 2002 8:00 am**  
**Secretary of State**

01-17-2002 90009 014 \*\*\*150.00

**DOCUMENT # L01000014915**

1. Entity Name

**WBTA RENTALS, LLC**

Principal Place of Business

1070 NE 45TH STREET  
FT. LAUDERDALE FL 33334-3812

Mailing Address

1070 NE 45TH STREET  
FT. LAUDERDALE FL 33334-3812

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

05-1142133

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**DALE, CHARLES S**  
**414 NE 4 STREET**  
**FT. LAUDERDALE FL 33301-1152**

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 ☐ Delete  
NAME **P JOHN H. WINNINGHAM**  
STREET ADDRESS **1070 NE 45TH STREET**  
CITY-ST-ZIP **FT. LAUDERDALE FL 33334**

TITLE ☐ Delete  
NAME **V. BOYD H. BUNDY**  
STREET ADDRESS **1070 NE 45TH STREET**  
CITY-ST-ZIP **FORT LAUDERDALE, FL 33334**

TITLE ☐ Delete  
NAME **S JOHN E TICE**  
STREET ADDRESS **1070 NE 45TH STREET**  
CITY-ST-ZIP **FORT LAUDERDALE, FL 33334**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

**JOHN E. TICE**

**1-14-2002**

Date

**954-771-8900**

Daytime Phone #

CR2003 (9/01)