

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2003 8:00 am
Secretary of State

03-28-2003 90002 022 ****50.00

DOCUMENT # L01000016900

1. Entity Name
W.J. - WATERFORD, L.L.C.



Principal Place of Business
**2706 REW CIR
OCOOEE FL 34761**

Mailing Address
**2706 REW CIR
OCOOEE FL 34761**

30046073



2. Principal Place of Business
**10407 ROCKET BLVD,
Suite, Apt. #, etc.**

3. Mailing Address
**10407 ROCKET BLVD
Suite, Apt. #, etc.**

☒ CHECK HERE IF MAKING CHANGES

City & State
ORLANDO, FL

City & State
ORLANDO, FL, 32824

4. FEI Number **59-3746753**

Applied For
☐ Not Applicable

Zip
32824 Country
ORANGE

Zip
32824 Country
ORANGE

5. 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

**MCLANE, JOHN L JR
2706 REW CIR 10407 ROCKET BLVD,
OCOOEE FL 34761 ORLANDO, FL, 32824**

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS
TITLE **MGRM** ☐ Delete
NAME **W.J. ENTERPRISES**
STREET ADDRESS **2706 REW CIR 10407 ROCKET BLVD,**
CITY-ST-ZIP **OCOOEE FL 34761 ORLANDO, FL, 32824**

10. ADDITIONS/CHANGES
TITLE **MGRM** ☒ Change ☐ Addition
NAME **W.J. ENTERPRISES**
STREET ADDRESS **10407 ROCKET BLVD,**
CITY-ST-ZIP **ORLANDO, FL, 32824**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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

Date

Daytime Phone #

CR2E083 (10/02)