


**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 20, 2003 8:00 am
Secretary of State

05-23-2003 90046 018 ****50.00

DOCUMENT # **L02000018181**

1. Entity Name
W B ENTERPRISES, LLC



Principal Place of Business Mailing Address

**3001 EASTLAND BLVD.
6B
CLEARWATER FL 33761**

**2519 N. MCMULLEN BOOTH ROAD
510-346
CLEARWATER FL 33761**

330010000

2. Principal Place of Business 3. Mailing Address

3001 EASTLAND BLVD

Suite, Apt. #, etc. Suite, Apt. #, etc.

SUITE 1

City & State City & State

CLEARWATER, FL

Zip Country Zip Country

33761 FLORIDA

4. FEI Number Applied For

20-0000293 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**BELISLE, CAROL J
3001 EASTLAND BLVD
6B
CLEARWATER FL 33761**

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

SIGNATURE: *Carol J. Belisle* DATE: 5-21-03

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when requesting)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS / MANAGERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
MANAGER	BELISLE, CAROL J.	2519 N. MCMULLEN BOOTH RD	FL 33761 #510-346	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

10. ADDITIONS / CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<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: *Carol J. Belisle* DATE: 5-21-03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E093 (1D/02)