

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

**FILED**

05-23-2003 90046 018 \*\*\*\*\*50.00  
 08-26-2003 90045 033 \*\*\*\*\*50.00  
 L02000018181

03 SEP 29 AM 9:00  
 SECRETARY OF STATE  
 TALLAHASSEE FLORIDA

001/120

**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

**MJH**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**L-20-0000-293**

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$5.00 Additional Fee Required

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

**Belisle, Carol J**

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

**3001 Eastland Blvd**

Suite, Apt. #, etc.

City

**CLEARWATER, FL**

**FL**

Zip Code

**33761**

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 date if applicable.

(NOTE: Registered Agent signature required when reinstating)

**9-24-03**

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By September 24, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE **Mgr**  
 NAME **Belisle, Carol J.**  
 STREET ADDRESS **3001 Eastland Blvd., Suite 1**  
 CITY-ST-ZIP **Clearwater, FL 33761**

☐ Delete

10. ADDITIONS/CHANGES

☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
 NAME  
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 CITY-ST-ZIP

☐ Delete

TITLE  
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 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
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 STREET ADDRESS  
 CITY-ST-ZIP

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change ☐ Addition

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

**9-24-03 727-7264001**

Date

Daytime Phone #

CR2E083 (4/03)