

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

00 JUL 26 PM 4:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L95000000017

1. Entity Name  
WILUSZ, P.L.

Principal Place of Business

151 MARY ESTHER BLVD.  
SUITE 403  
MARY ESTHER FL 32569

Mailing Address

P.O. BOX 846  
FT WALTON BEACH FL 32549-0846



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

348 Miracle Strip Pkwy

Suite, Apt. #, etc.  
Suite 37

City & State  
FT. Walton Beach FL

Zip  
32548

Country  
OKaloosa

3. Mailing Address

Suite, Apt. #, etc.  
P.O. Box 846

City & State  
FT. Walton Beach FL

Zip  
32549-0846

Country  
OKaloosa

4. FEI Number  
59-3310711

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

FLEET, H B  
1201 EGLIN PARKWAY  
SHALIMAR FL 32579

7. Name and Address of New Registered Agent

Name  
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 Beverly Wilusz Beverly Wilusz 7-23-00  
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

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MNG  
WILUSZ, BEVERLY  
221 DOMINICA CIRCLE EAST  
NICEVILLE FL 32578 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MEMR  
EED, ANGIE  
1222 EMERALD BAY DR.  
DESTIN FL 32541 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MNG  
Wilusz, Beverly  
101 Port Drive  
Shalimar Florida 32579 ☒ Change ☐ Addition

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
700003342947-6  
-08/02/00-01004-001  
\*\*\*\*\*50.00 \*\*\*\*\*50.00 ☐ Change ☐ Addition

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

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

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:

Beverly Wilusz  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

7-23-00  
Date

850-243-7035  
Daytime Phone #

CR2E083 (5/00)