

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

**FILED**  
**Aug 11, 2004 8:00 am**  
**Secretary of State**

08-11-2004 90087 021 \*\*\*\*50.00

DOCUMENT # L9500000017

1. Entity Name

Wilusz, P.L.



**DO NOT WRITE IN THIS SPACE**

**24079553**

2. Principal Place of Business

3. Mailing Address

228 Brooks ST. SE

P.O. Box 846

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite A

City & State

City & State

FT. Walton Beach FL

FT. Walton Beach FL

Zip

Country

Zip

Country

32548

OKaloosa

32549

4. FEI Number

Applied For

Not Applicable

59-3310711

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

Fleet, H.B.

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

1104 N Eglon Pkwy

City

Shalimar

FL

Zip Code

32579

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.

DATE

**FEE IS \$50.00**

**Make Check Payable to Florida Department of State**

**DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

7-29-04

Date

(850) 301-0446

Daytime Phone #

CR2E083B (12/02)