2002 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 02, 2002 8:00 am

DOCUMENT # L9600001112 1. Entity Name WETJEN ASSOCIATES, L.C.					Secretary of State 04-02-2002 90965 001 ****50.00				
	•	1							
Principal Plac	e of Business	Mailing Address	······································						
		30218 FAIRWAY DR. WESLEY CHAPEL FL 33543				•			
, Wedger oran	EE 10 00000	WESELT SIMILET & SOUTH			•				
2 Principal P	lace of Business	3. Mailing Address							
12440 Lake Jovita Blvd 12440 Lake J			Jovita Bl	vd.	 	! 88111 88111 88111 88 111 88 111 11881 11881			
Suite, Apt. #, etc. Suite, Apt. #, etc.					DO NOT WRITE IN THIS SPACE				
Dade City, FL		Dade City FL		4. FEIN	lumber 59-340	((a)) —	Applied For Not Applicable		
Zip Country		Zip Country		E Cortif	5 Certificate of Status Desired S5.00 Additional				
3352		33525	USA		and Address of Ne	Fee Requi			
Name						w Registered Agent			
WETJEN, ROLF G				Tien	en Rolf G P.O. Box Number is Not Acceptable) Lake Jovita Blvd.				
	18 FAIRWAY DR.		12440			Lake Jovita Blvd.			
WESLEY CHAPEL FL 33543									
City Dad				de Ci	e City FL Zip Code 33525				
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.									
Con Ollition									
SIGNATURE -	Signiture, typed of printed name of registered agent a	nd title (applicable. (NOTE: F	Registered Agent signature re	equired when reinstati	ng)	DATE			
FILE NOW!!! FEE IS \$50.00									
		Make Check Paya	able to Departme By May 1, 2002	nt of State					
9.	MANAGING MEMBER		10.		ADDITIO	NS/CHANGES			
TITLE	MGRM	☐ Delete	TITLE	· 			☐ Addition		
NAME STREET ADDRESS	WETJEN, ROLF G		NAME STREET ADDRESS 1.7	241101	ake Jov	L Block.			
CITY-ST-ZIP	30218 FAIRWAY DR. WESLEY CHAPEL FL 33543		CITY-ST-ZIP	Dade C	the FL	33525			
TITLE	MGRM	☐ Delete	TITLE	, , , , , , , , , , , , , , , , , , ,		Change	Addition		
NAME STREET ADDRESS	WETJEN, GLORIA G		NAME	2 H H V 1	ake Jovi	L Blue.			
STREET ADDRESS CITY-ST-ZIP	30218 FAIRWAY DR. WESLEY CHAPEL FL 33543		STREET ADDRESS CITY-ST-ZIP	DADE C	ity, FL	33525			
TITLE		☐ Delete	TITLE		·) +	☐ Change	☐ Addition		
NAME STREET ADDRESS			NAME STREET ADDRESS						
CITY-ST-ZIP			CITY-ST-ZIP						
TITLE		☐ Delete	TITLE			Change	Addition		
NAME STREET ADDRESS			NAME STREET ADDRESS						
CITY-ST-ZIP			CITY-ST-ZIP		_		_		
TITLE		☐ Delete	TITLE			Change	☐ Addition		
NAME STREET ADDRESS			NAME STREET ADDRESS				1		
CITY-ST-ZIP			CITY-ST-ZIP						
TITLE		☐ Delete	TITLE			Change	Addition		
NAME STREET ADDRESS			NAME STREET ADDRESS				}		
CITY-ST-ZIP			CITY-ST-ZIP						
11. I hereby c	ertify that the information supplied with	this filing does not qualify for th	ne exemption stated in	n Section 119.0	7(3)(i), Florida Statut	es. I further certify that the	information		