

# 2001 UNIFORM BUSINESS REPORT (UBR)

0003484 AF

DOCUMENT # L98000001252

1. Entity Name  
W-D PROPERTIES, L.C.

FILED

2001 APR 23 PM 2:10

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
C/O SONYA K. DAWS  
3838 KILLEARN COURT  
TALLAHASSEE FL 32308

Mailing Address  
C/O SONYA K. DAWS  
3838 KILLEARN COURT  
TALLAHASSEE FL 32308

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
Zip Country

City & State  
Zip Country

4. FEI Number 59-3525474  
Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

DAWS, SONYA K  
3838 KILLEARN COURT  
TALLAHASSEE FL 32308

## 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.

SIGNATURE \_\_\_\_\_  
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 / MEMBERS

TITLE MGR ☐ Delete  
NAME WIMBERLEY, ARTHUR P JR.  
STREET ADDRESS P.O. BOX 13641  
CITY-ST-ZIP TALLAHASSEE FL 32317

TITLE MGR ☐ Delete  
NAME DAWS, SONYA K  
STREET ADDRESS ~~P.O. BOX 13641~~ 10020 Surrey Farms Lane  
CITY-ST-ZIP TALLAHASSEE FL 32317 32308

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 10.

ADDITIONS / CHANGES  
200004101312-05  
-05/01/01--01045--031  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

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

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

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STREET ADDRESS  
CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

2/26/01 (850) 668-5246

CR2E083 (11/00)