

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 09, 2002 8:00 am**  
**Secretary of State**

04-09-2002 90047 001 \*\*\*\*50.00

**DOCUMENT # L98000001252**

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

Principal Place of Business

C/O SONYA K. DAWS  
~~8838 KILLEARN COURT~~  
 TALLAHASSEE FL 32308

Mailing Address

C/O SONYA K. DAWS  
~~8838 KILLEARN COURT~~  
 TALLAHASSEE FL 32308

*3116 Capital Circle NE #5*

2. Principal Place of Business

*3116 Capital Cir NE #5*

3. Mailing Address

*3116 Capital Cir NE #5*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

*Tallahassee, FL*

City & State

*Tallahassee, FL*

Zip  
*32308*

Country

*USA*

Zip

*32308*

Country

*USA*

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

7. Name and Address of New Registered Agent

**DAWS, SONYA K**

~~8838 KILLEARN COURT~~  
 TALLAHASSEE FL 32308

*3116 Capital Cir. NE #5*

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**  
**Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

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

☐ Delete

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**MGR**  
**DAWS, SONYA K**  
**10020 SURREY FARMS LANE**  
**TALLAHASSEE FL 32308 9**

☐ Delete

TITLE  
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 STREET ADDRESS  
 CITY-ST-ZIP  
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☐ 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:

*Sonya K. Daws*  
**Manager** *3/26/02 (850) 668-5246*

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

Date

Daytime Phone #

CR2E083 (9/01)