

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 13, 2003 8:00 am**  
**Secretary of State**

06-13-2003 90006 019 \*\*\*\*50.00

0002147

**DOCUMENT # M02000002297**

1. Entity Name

**WIZARDS ON WHEELS L.L.C.**



Principal Place of Business

13810 SUTTON PARK DR. N. #1222  
JACKSONVILLE FL 32224

Mailing Address

13810 SUTTON PARK DR. N. #1222  
JACKSONVILLE FL 32224

2. Principal Place of Business

4704 Lane Ave S.  
Suite, Apt. #, etc.

3. Mailing Address

4704 Lane Ave S.  
Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State

Jacksonville, FL

City & State

Jacksonville, FL

4. FEI Number 30-0102287

Applied For

Not Applicable

Zip

32210

Country

DUAL

Zip

32210

Country

DUAL

5. Certificate of Status Desired ☐

\$5.00\* Additional  
Fee Required

6. Name and Address of Current Registered Agent

WILLIAMS, JAMES W  
13810 SUTTON PARK DR. N. #1222  
JACKSONVILLE FL 32224

7. Name and Address of New Registered Agent

Name Williams, James W.  
Street Address (P.O. Box Number is Not Acceptable)  
4704 Lane Ave S.

City Jacksonville

FL

Zip Code

32210

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 James W. Williams

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

6/7/03

**FILE NOW!!! FEE IS \$50.00**

**Make Check Payable to Florida Department of State  
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM  
NAME WILLIAMS, JAMES W  
STREET ADDRESS 13810 SUTTON PARK DR. N. #1222  
CITY-ST-ZIP JACKSONVILLE FL 32224 ☐ 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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE MGRM  
NAME Williams, James W  
STREET ADDRESS 4704 Lane Ave S.  
CITY-ST-ZIP Jacksonville, FL 32210 ☒ 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

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:

SIGNATURE REQUIRED

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

Date

Daytime Phone #

6/7/03 904-716-6990

CR2E083 (10/02)