

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M95000000357

1. Entity Name

WAM FLORIDA ACQUISITIONS, L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JAN 31 AM 8:10

Principal Place of Business

#701, 10201 JASPER AVENUE
EDMONTON, ALBERTA CANADA T5J -3N7

Mailing Address

#701, 10201 JASPER AVENUE
EDMONTON, ALBERTA CANADA T5J



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

98-0142668

Applied For

Not Applied For

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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
NAME SCOTT, W. GUY ☐ Delete
STREET ADDRESS #701, 10201 JASPER AVENUE
CITY-ST-ZIP EDMONTON, ALBERTA, CANADA

TITLE MGR
NAME EDGAR, PETER ☐ Delete
STREET ADDRESS #701, 10201 JASPER AVENUE
CITY-ST-ZIP EDMONTON, ALBERTA, CANADA

TITLE MGR
NAME LYONS, RICKY ☒ Delete
STREET ADDRESS #701, 10201 JASPER AVENUE
CITY-ST-ZIP EDMONTON, ALBERTA CANADA

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS / CHANGES

TITLE
NAME 800003121468-9 ☐ Change ☐ Addition
STREET ADDRESS -02/02/00--01095--018
CITY-ST-ZIP *****50.00 *****50.00

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

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

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NAME ☐ Change ☐ Addition
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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #