2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M9600000359 1. Entity Name WJC & COMPANY LLC					FILED SECRETARY OF STATE DIVISION OF CORPORATIONS				
Principal Place	e of Business	Mailing Address			00 AUG -	7 AM 10	: 02 🔥	1	
422 FLEMING STREET #12 422 FLEMING STREET #12			12 .				~ 0		
KEY WEST FL 33040 KEY WEST FL 33040									
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2 Original D	Inna of Business	3. Mailing Address		····					
2. Principal Place of Business 3. Mailing Address				,					
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE				
City & State City & State				4 55	l Number		TAP	plied For	i
City & State		City & State		1	65-00	631446		t Applicable	
Zip Country		Zip	Country		ertificate of Status D	esired [\$5.00 Add	ditional	İ
	6. Name and Address of Current	Postotened Agent			me and Address o		Fee Require	o	
	6, Raine and Address of Carrent	Ledistelen Walls	Name				lorda Agoin		
CLARK, WALLACE E				Name Clark, Wallace E Street Address (P.O. Box Number is Not Acceptable) 412					
4687 SW 45 STREET				Street Address (P.O. Box Number is Not Acceptable) 422 Fleming St. #12					
FT. LAUDERDALE FL 33314				,	, 7				
		City Kern		Key We:	e t		FL Zip Cod	°040	
8 The shove	named entity submits this statement for	or the ournose of changing its				ate of Florida			
o. The above	Harries entity submits this statement to	or the purpose or changing he	registered emoc c	or regiotores age.	n, or open, are no on		A		ĺ
SIGNATURE .		ANSTE				·	Aug. 1, 0		
	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	Registered Agent signs	cure required when reini	stating)		UAIE U		
,		FILE NO Make Check Pa	OW!!! FEE IS yable to Depar	a b					
9.	MANAGING MEMBE	ERS/MANAGERS	10.		ADD	ITIONS/CHA	ANGES		٫ ا
TITLE	MGR	Delete	TITLE	MGR	14,110,-	75	Change Change	Addition Addition	8
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11. I hereby of indicated	certify that the information supplied with on this report is true and accurate and	that my signature shall have t	the exemption state	ect as if made un	deroath: that I am	itatutes. I furt a managing	her certify that the i	nformation or of the	
limited lia	bility company or the receiver or truste	e empowered to execute this	report as required	by Chapter 608,	Florida Statutes.				
	Walla-	CONTRACTOR DE CO	ZEN		Λ	LAS	2-7- 20	r / / ~ -	
SIGNAT		INTED NAME OF SIGNING MANAGING	MEMBER OR MANAGE	9	/tug.	1,00	305-29 Daytime Phone #	5-6627	1