

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 19, 2002 8:00 am
Secretary of State

02-19-2002 90029 001 ****50.00

DOCUMENT # M96000000359

1. Entity Name

WJC & COMPANY LLC

Principal Place of Business

**422 FLEMING STREET #12
 KEY WEST FL 33040**

Mailing Address

**422 FLEMING STREET #12
 KEY WEST FL 33040**

2. Principal Place of Business

201 FRONT ST

Suite, Apt. #, etc.

112

City & State

KEY WEST, FL

Zip

33040

Country

3. Mailing Address

201 FRONT ST

Suite, Apt. #, etc.

STE 112

City & State

KEY WEST FL

Zip

33040

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0631446

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$5.00 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**CLARK, WALLACE E
 422 FLEMING STREET #12
 KEY WEST FL 33040**

7. Name and Address of New Registered Agent

Name

CLARK, WALLACE E

Street Address (P.O. Box Number is Not Acceptable)

201 FRONT ST

STE 112

City

KEY WEST

FL

Zip Code

33040

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

TITLE **MGR** ☐ Delete
 NAME **CLARK, WALLACE E**
 STREET ADDRESS **422 FLEMING STREET #12**
 CITY-ST-ZIP **KEY WEST FL 33040**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **MGR** ☒ Change ☐ Addition
 NAME **CLARK, WALLACE E**
 STREET ADDRESS **201 FRONT STREET STE 112**
 CITY-ST-ZIP **KEY WEST, FL 33040**

TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
 NAME
 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:

Wallace E. Clark

1/22/02

305-295-6622

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

Date

Daytime Phone #

CR2E083 (9/01)