

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

2002

DOCUMENT # 00000045878

1. Entity Name

W & J BUILDING CARE, INC.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

1315 E. COURT ST

Suite, Apt. #, etc.

City & State

TARPON SPRINGS, FL

Zip 34689

Country

U.S.A.

3. Mailing Address

1315 E. COURT ST.

Suite, Apt. #, etc.

City & State

TARPON SPRINGS, FL

Zip

34689

Country

U.S.A.

4. FEI Number

59-3644074

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

7. Name and Address of Current Registered Agent

Name

WADE T. MILLER

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

1315 E. COURT ST

City

TARPON SPRINGS

FL

Zip Code

34689

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

☒

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
P.T.S.  
WADE T. MILLER  
1315 E. COURT ST.  
TARPON SPRINGS, FL 34689

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

200005556002--1  
-05/17/02--01004--008  
\*\*\*\*150.00 \*\*\*\*150.00

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
VP  
JASON CLINE  
P.O. Box 5279 (Delete)  
Jacksonville, FL 32247

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

200005556002--1  
-05/17/02--01004--009  
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13. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WADE T. MILLER, PRES

Date

Date, Please

5/10/02

FILED

02 MAY -6 AM 11:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

UBR  
01-02

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CR2E034B (12/01)