2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P01000026967

1. Entity Name W.V.D., INC.



FILED Jan 13, 2003 8:00 am Secretary of State 01-13-2003 90084 031 ***150.00

Principal Place of Business 722 SHAMROCK BOULEVARD VENICE FL 34293			Mailing Address 722 SHAMROCK BOULEVARD VENICE FL 34293			H a 11160 akka 1880 akka 1881 aba	
2. Principal Place of Business		3. Mailing Address				118 11818 81118 18119 81111 1881 1881	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			☐ CHECK HERE IF MAKII	NG CHANGES	
City & State		City & State			4. FEI Number 65-1102538	Applied For Not Applicable	
Zip Country		Zip	Zip Country		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
	6. Name and Address of Current F	legistered Agent			7. Name and Address of New Registere	d Agent	
051050				Name			
SEIDER, WILLIAM M 200 SOUTH ORANGE AVENUE				Street Address (F	dress (P.O. Box Number is Not Acceptable)		
SARASOTA FL 34236							
				City	F	Zip Code	
8. The above the obligat	e named entity submits this statement for tions of registered agent.	the purpose of char	nging its registere	ed office or registere	ed agent, or both, in the State of Florida. I a	m familiar with, and accept	
SIGNATURE .							
	Signature, typed or printed name of registered agent ar	d title if applicable.	(NOTE: Registered	Agent signature required	when reinstating) DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State				Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees		
10.	OFFICERS AND D	DIRECTORS	11.		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 11	
TITLE NÅME STREET ADDRESS GITY-ST-ZIP	D CONNELLX, JAMES A 1070 DELACROIX CIRCLE NOKOMIS FL 34275	☐ Dele	NAME STREE	l		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JOBECO'S DEVELOPMENT IV LLC 722 SHAMROCK BLVD VENICE FL 34293	Dele	NAME STREE			Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM- SEL WV DEVELOPMENT NO 3 INC 722 SHAMROCK BLVD VENICE FL 34293	☐ Dele	NAME STREE			☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM VENICE CENTER ASSOCIATES III 722 SHAMROCK BLVD VENICE FL 34293	□ Dele	NAME STREE			☐ Change ☐ Addition	
TITLE Name Street address City-St-Zip		□ Dele	NAME	T ADORESS		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	portify, short the left good time a small and with left	☐ Dete	NAME	T ADDRESS		☐ Change ☐ Addition	

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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/03