

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

FILED
Apr 02, 2002 8:00 am
Secretary of State

04-02-2002 90111 032 ***158.75

DOCUMENT # PD1000030421

1. Entity Name

WRD3 DEVELOPERS, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

8509 KILEY CT.

3. Mailing Address

8509 KILEY CT.

Suite, Apt. #, etc.

ST. AUGUSTINE, FL

Suite, Apt. #, etc.

ST. AUGUSTINE, FL

City & State

City & State

4. FEI Number

59-3708321

Applied For

Not Applicable

Zip

32092

Country

U.S.A.

Zip

32092

Country

U.S.A.

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

WILLIAM R. DEVANE, III

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

8509 KILEY CT.

City

ST. AUGUSTINE

FL

Zip Code

32092

**DO NOT WRITE
IN THIS SPACE**

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
PRESIDENT / CEO (P/CEO)
WILLIAM R. DEVANE, III
8509 KILEY CT.
ST. AUGUSTINE, FL 32092

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

William R. Devane, III

WILLIAM R. DEVANE, III

02-08-02

904-616-5802

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)