

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

FILED
Apr 09, 2002 8:00 am
Secretary of State

04-09-2002 90738 027 ***150.00

DOCUMENT # **PO10000094597** ✓
1. Entity Name
WJH Financial Consultants, Inc

DO NOT WRITE IN THIS SPACE

B0062006

2. Principal Place of Business
United States
Suite, Apt. #, etc.
24420 Marsh Landing Pkwy

3. Mailing Address
24420 Marsh Landing Pkwy
Suite, Apt. #, etc.
24420 Marsh Landing Pkwy

City & State
Ponte Vedra Beach, FL

Zip
32082

Country
ST JORUS

DO NOT WRITE IN THIS SPACE
59-3751783

4. FEI Number
59-3751783

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
HAL Ringelsen

Street Address (P.O. Box Number is Not Acceptable)
200 Solana Rd. Suite C

City
Ponte Vedra Beach FL

Zip Code
32082

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 **William J. Hall** **William J. Hall** **3/30/02**
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 William J. Hall 24420 Marsh Landing Pkwy Ponte Vedra Beach, FL 32082	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Rita DAVIS 24420 Marsh Landing Pkwy Ponte Vedra Beach, FL 32082	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 J. Hall** **William J. Hall** **3/30/2002** **(904) 608-4530**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)