

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 11, 2002 8:00 am
Secretary of State
 03-11-2002 90024 020 ***150.00

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 AV

DOCUMENT # P32132

1. Entity Name

W.J. DEVELOPMENT CORPORATION

Principal Place of Business

**ST AUGUSTINE MARINE
 404 SOUTH RIBERIA ST
 ST AUGUSTINE FL 32084
 US**

Mailing Address

**ST AUGUSTINE MARINE
 404 SOUTH RIBERIA ST
 ST AUGUSTINE FL 32084
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **22-2987487**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**F & L CORP.
 200 LAURA STREET
 JACKSONVILLE FL 32202**

Name

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

City

FL

Zip Code

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) ☐

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 Fee will be \$550.00
 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DP** ☐ Delete
 NAME **LUHRS, JOHN H.**
 STREET ADDRESS **6729 LINFORD LANE**
 CITY-ST-ZIP **JACKSONVILLE FL**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VPSD** ☐ Delete
 NAME **LUHRS, WARREN R.**
 STREET ADDRESS **ROUTE 441**
 CITY-ST-ZIP **ALACHUA FL**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **T** ☐ Delete
 NAME **STEWART, BILL**
 STREET ADDRESS **ROUTE 441, P.O. BOX 1030**
 CITY-ST-ZIP **ALACHUA FL**

TITLE ☒ Change ☐ Addition
 NAME **DINGLER, BRIAN**
 STREET ADDRESS **255 DIESEL ROAD**
 CITY-ST-ZIP **ST. AUGUSTINE FL 32080**

TITLE **V** ☐ Delete
 NAME **SPIRES, CHARLES**
 STREET ADDRESS **404 S. RIBERIA ST**
 CITY-ST-ZIP **ST AUGUSTINE FL 32084**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **AS** ☐ Delete
 NAME **MCOMBER, RICAHRD**
 STREET ADDRESS **54 SHREWSBURY AVE**
 CITY-ST-ZIP **RED BANK NJ**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 Block 12 if changed, or on an attachment with an address with all other like empowered

SIGNATURE:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/22/02 (404) 829-0500

Date

Daytime Phone #

CR2E034 (9/01)