

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P92000006947

1. Entity Name
WJD, INC.

FILED
Feb 07, 2001 8:00 am
Secretary of State

02-07-2001 90198 023 ***150.00

Principal Place of Business

Mailing Address

13390 SW 9TH ST
DAVIE FL 33325

13390 SW 9TH ST
DAVIE FL 33325

2. Principal Place of Business

3. Mailing Address

13774 S Garden Cove Cir
Suite, Apt. #, etc.

13774 Garden Cove Cir
Suite, Apt. #, etc.

City & State

City & State

DAVIE FL

DAVIE FL

Zip
33325

Country

Zip
33325

Country

4. FEI Number 65-0413136

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DEVEAU, WILLIAM
13390 SW 9TH ST
DAVIE FL

Name
William Deveau

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

13774 S Garden Cove Circle

City
Davie

FL

Zip Code
33325

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, 2001 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
NAME
STREET ADDRESS
CITY-ST-ZIP
D
DEVEAU, WILLIAM J
13390 SW 9TH ST
DAVIE FL 33325 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
Deveau William
13774 S Garden Cove Circle
DAVIE FL 33325 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
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☐ Delete

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

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: William Deveau WILLIAM DEVEAU
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-2-01
Date

954-472-7586
Daytime Phone #

CR2E034 (10/00)