## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Mailing Address

RUSKIN FL 33570

3. Mailing Address

City & State

Suite, Apt. #, etc.

808 SEABREEZE DR.

## DOCUMENT # P9400063266

Country . . .

1. Entity Name

WJR CONSULTANTS, INC.

Principal Place of Business

2. Principal Place of Business

Suite, Apt. #, etc.

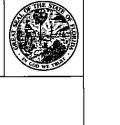
City & State

Zip

SIGNATURE

808 SEABREEZE DR.

RUSKIN FL 33570



## FILED Feb 10, 2003 8:00 am Secretary of State

02-10-2003 90140 044 \*\*\*150.00

PANETZAR

☐ CHECK HERE IF MAKING CHANGES	
FEI Number FA 2070000	Applied For
FEI Number 50-3278082	

DATE

-5.-Certificate of Status Desired --- . . .

Trust Fund Contribution.

RAMSEY, BETTY W
808 SEABREEZE DR.
RUSKIN FL 33570

City

T. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

Country

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. I am familiar with, and accept the obligations of registered agent.

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00

Signature, typed or printed name of registered agent and title if applicable.

9. Election Campaign Financing

\$5.00 May Be Added to Fees

\$8.75 Additional

Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 10. Addition TITLE □ Delete TITLE RAMSEY, W. JAY NAME NAME STREET ADDRESS 808 SEABREEZE DR STREET ADDRESS **RUSKIN FL** CITY-ST-7IP CITY-ST-ZIP Change ☐ Addition ۷P ☐ Delete TITLE RAMSEY, BETTY W. NAME NAME STREET ADDRESS 808 SEABREEZE DR STREET ADDRESS CITY-ST-ZIP RUSKIN FL CITY-ST-7IP ☐ Change Addition TITLE Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

12. 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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-7IP

SIGNATURE AND TOPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-5-03

813-645-2599

Daytime Phone

CR2E034 (10/02