2002 Uniform Business Report (UBR)

Apr 11, 2002 8:00 am & Secretary of State DOCUMENT # P95000003477 1. Entity Name 04-11-2002 90008 047 ***150.00 (W.A.) WILLIES, INC. Principal Place of Business Mailing Address 9875 S THOMAS DR. PO BOX 18040 PANAMA CITY BCH FL 32408 PANAMA CITY BEACH FL 32417 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3318683 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent =Name BUSKELL, WILLIAM A Street Address (P.O. Box Number is Not Acceptable) 9875 S THOMAS DR PANAMA CITY BEACH FL 32408 City Zip Code FL 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE ☐ Delete TITLE ☐ Addition NAME BUSKELL, WILLIAM A. NAME STREET ADDRESS 9875 S THOMAS DR STREET ADDRESS CITY-ST-ZIP PANAMA CITRY BCH FL CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME BUSKELL, BARON G. NAME STREET ADDRESS 9875 S THOMAS DR. STREET ADDRESS CITY-ST-ZIP PANAMA CITY BCH FL CITY-ST-ZIP TITLE To a file was a second ____ Delete TITLE Change ☐ Addition NAME BUSKELL, WILLIAM E. NAME STREET ADDRESS STREET ADDRESS 9875 S THOMAS DR CITY-ST-ZIP PANAMA CITY BCH FL CITY-ST-ZIP TITLE ☐ Delete TITI F ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

OFFICER OR DIRECTOR

changed, or on an attachment with an address, with all other like empower

SIGNATURE AND TYPED OR PRINTED NAME OF

SIGNATURE: //

(9/01)