

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000011626

1. Entity Name

WWL ENTERPRISES, INC.

FILED

Mar 19, 2001 8:00 am
Secretary of State

03-19-2001 90471 019 ***150.00

Principal Place of Business

Mailing Address

1511 SOUTH CHURCH AVENUE
TAMPA FL 33629

2506 EDGEWOOD ROAD
TAMPA FL 33609
US

2. Principal Place of Business

3. Mailing Address

518 N. TAMPA ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 250

City & State

City & State

TAMPA FL

4. FEI Number 59-3293237

Applied For

Not Applicable

Zip

Country

Zip

Country

33602

USA

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

LAZARUS, WILLIAM W
1511 SOUTH CHURCH AVENUE
TAMPA FL 33629

Name

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

518 N. TAMPA STREET
SUITE 250

City

TAMPA

FL

Zip Code

33602

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

3/15/01

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 PSTD ☐ Delete
NAME LAZARUS, WILLIAM
STREET ADDRESS 1511 SOUTH CHURCH AVENUE
CITY-ST-ZIP TAMPA FL 33629

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

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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 the empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/01

Date

813-318-0111

Daytime Phone #

CR2E034 (10/00)