2000 UNIFORM BUSINESS REPORT (UBR)

2000 UNIFORM BUSINESS REPORT (UBR DOCUMENT # P96000017806 1. Entity Name W.E. THREE PROPERTIES, INC.				FILED May 15, 2000 8:00 ar Secretary of State 03-15-2000 90087 039 ***150.00		
Principal Place of Business	Mailin	p Address				
008 GROUPER DR EBBUNG FL 33870		ROUPER DR G FL 33870-1010				···
2. Principal Place of Business 29 2715 ALT U-5-27 S Suite, Apt. #, etc.	0	ing Address RTE # 1 e, Apt. #, etc.	Box 345 G	·	DO NOT WRITE IN TH	
City & State SEBRING FL.	City BA	 & State KERSV, LL		4. F	El Number 59-336204 1	Applied For Not Applicable
33870 Country USA	Zip	28705	Country USA	5. 0	Certificate of Status Desired	\$8.75 Additional Fee Required
6. Name and Address of Curren	t Register	d Agent	Name	7. A	lame and Address of New Registers	ed Agent
WILLIAMS, RA - 3008 SEBRING DR - SEBRING FL 33870	! ! 		Street Add	ress (P.O. B FEW / EBRII KERSV	BOX 345 GT H	1715 ALT: U.S. LWY = 27 So. 33870 Zip Code 2870S
Signature, typed or printed name of registered age 9. This corporation is eligible to satisfy its Intangik	A M S	plicable. (NOT	E: Registered Agent organize	pegylired when re	<u> </u>	\$5,00 May Be
Tax filing requirement and elects to do so. (See criteria on back)		lake Check Payal	000 Fee will be \$55 ole to Department o	of State	Trust Fund Contribution,	Added to Fees
TITLE NAME STREET ADDRESS CITY-ST-ZIP SEBRING FL 33870 OFFICERS AN OFFICERS AN PD ELFERS, WILLIAM H STREET ADDRESS SEBRING FL 33870		DRS Delete	12. ITTLE NAME STREET ADDRESS CITY-ST-ZIP	27/	DITIONS/CHANGES TO OFFICERS/ S ALT. U.S. 27 SO. BRING, FL. 3387	Change 🗆 Addition
TITLE STD NAME WILLIAMS, RICHARD A STREET ADDRESS 2218 PINEWOOD BOULEVARD SEBRING FL 33870		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		EFI BOX 3456 ERSUILLE, N.C.	Change 🔲 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		∏ ∩elete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change ☐ Addition
TITLE NAME STREET ADORESS CITY-ST-ZIP		☐ Celete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change ☐ Addition
13. I hereby certify that the information supplied vindicated on this report or supplemental report of the corporation or the receiver of trustee erchanged, or on an attachment with an address SIGNATURE:	nt is true an appowered to stand all of the stand all of	d accurate and that to execute this repo other like empowers	my signature shall he reason as required by Chal	ve the same	e legal effect as if made under oath; the rida Statutes; and that my name appe	iat I am an officer of director