

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000017806

1. Entity Name

W.E. THREE PROPERTIES, INC.

FILED
Feb 09, 2001 8:00 am
Secretary of State

02-09-2001 90770 050 ***150.00

Principal Place of Business

3008 GROUPE DR
SEBRING FL 33870

Mailing Address

3008 GROUPE DR
SEBRING FL 33870

00016251



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2715 ALT. U.S. 27 So.

3. Mailing Address

← SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SEBRING FLORIDA

City & State

SEBRING FLORIDA

4. FEI Number

59-3362041

Applied For

Not Applicable

Zip

33870

Country

U.S.A.

Zip

Country

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

WILLIAMS, RA
3008 SEBRING DR
SEBRING FL 33870

Name R. A. WILLIAMS

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

2715 ALT. U.S. 27 So.

City SEBRING

FL

Zip Code 33870

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 R. A. WILLIAMS, SEC/TREAS/DIR

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

(NOTE: Registered Agent signature required when re-registering)

DATE

2/1/01

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 PD
NAME ELMERS, WILLIAM H
STREET ADDRESS 2218 PINEWOOD BOULEVARD
CITY-ST-ZIP SEBRING FL 33870 ☐ Delete

TITLE
NAME
STREET ADDRESS 2715 ALT. U.S. 27 SO.
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE STD
NAME WILLIAMS, RICHARD A
STREET ADDRESS 2218 PINEWOOD BOULEVARD
CITY-ST-ZIP SEBRING FL 33870 ☐ Delete

TITLE
NAME
STREET ADDRESS 2715 ALT. U.S. 27 SO.
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ 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: R. A. WILLIAMS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/01

Date

(863) 471-6688

Daytime Phone #

CR2E034 (10/00)