2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000072557 Apr 25, 2000 8:00 am Secretary of State 1. Entity Name WFJ, INC. 04-25-2000 90029 040 ***150.00 Principal Place of Business Mailing Address 1216 COUNTY ROAD 1 1216 COUNTY ROAD 1 DUNEDIN FL 34698-4610 **DUNEDIN FL 34698** 2. Principal Place of Business 3. Mailing Address 1244 COUNTY ROAD 1 IZ44 COUNTY RD 1 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State DUNEDIN Applied For 4. FEI Number 59-3405928 Not Applicable 34691 \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SELTZER PURIFICACION SELTZER, PURIFICACION H 1216 COUNTY RD 1 COUNT **DUNEDIN FL 34698** Zip Code /69/ 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. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Addition ☑ Delete TITI F Change SELTZER, WILLIAM B NAME STREET ADDRESS 1216 CR 1 STREET ADDRESS CITY-ST-ZIP **DUNEDIN FL 34698** CITY-ST-ZIP Chánge Delete TITLE TITLE NAME 1244 COUNTY ROIL STREET ADDRESS STREET ADDRESS DUNEDIN FL 3469Y CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE 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 changed, or on an attachmy with an address, with all other like empowered.