## 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # **P97000087381**

WBQ PROPERTIES, INC.

Principal Place of Business

Mailing Address

**111 GRAND HERON DRIVE** 

2. Principal Place of Business

Suite, Apt. #, etc.

1705 RHODE ISLAND LVE.

3. Mailing Address

Suite, Apt. #, etc.

111 GRAND HERON DRIVE PANAMA CITY BEACH FL 32407-3551

1705 RHODE ISLAND

## FILED May 10, 2000 8:00 am Secretary of State

05-10-2000 90118 002 \*\*\*150.00



City & State, LYNN HAVEN, FL Applied For City & State 4. FEI Number LYNN HAVEN, FL 59-3472863 Not Applicable \$8.75 Additional 5. Certificate of Status Desired USAU5A Fee Required Name and Address of Current Registered Agent '7. Name and Address of New Registered Agent' WAHLBERG, RAYMOND E Street Address (P.O. Box Number is Not Acceptable)
1705 RHODE ISLAND AVE 111 GRAND HERON DRIVE PANAMA CITY BEACH FL 32407 LYNN HAVEN 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. allberg RAYMOND E, WAHLBERG, V.P. & TREAS FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution, Added to Fees X (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. TITLE TITLE ☐ Delete 1705 RHODE ISLAND AVE. WAHLBERG, RAYMOND E NAME STREET ADDRESS STREET ADDRESS 111 GRAND HERON DRIVE LYNN HAVEN, FL 32444 CITY-ST-ZIP CITY-ST-ZIP PANAMA CITY BEACH FL 32407 ☐ Delete TITLE NAME NAME BERGQUIST, JON R 712 S. 3RD ST. STREET ADDRESS STREET ADDRESS 12019 SUNRISE LANE STILLWATER, MN 55082 CITY-ST-ZIP CITY-ST-ZIP MINNETONHA MN 55343 ☐ Delete TITLE NAME NATIONS, DONALD F NAME STREET ADDRESS STREET ADDRESS 1336 W 15TH ST CITY-ST-ZIP CITY-ST-ZIP PANAMA CITY FL 32401 ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS ÇITY-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 by 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.

SIGNINGOFFICER OR DIRECTOR DATE WATLBERG 4-18-00 850-265-4096