

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 16, 2002 8:00 am**  
**Secretary of State**

09-16-2002 90103 034 \*\*\*550.00

**DOCUMENT # P97000087381**

1. Entity Name  
**WBQ PROPERTIES, INC.**

Principal Place of Business

**1705 RHODE ISLAND AVE  
 LYNN HAVEN FL 32444**

Mailing Address

**1705 RHODE ISLAND AVE  
 LYNN HAVEN FL 32444**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**7911 THOMAS DRIVE**

Suite, Apt. #, etc.

**SUITE 4**

City & State  
**PANAMA CITY BEACH, FL**

Zip  
**32408**

Country  
**USA**

3. Mailing Address

**7911 THOMAS DRIVE**

Suite, Apt. #, etc.

**SUITE 4**

City & State  
**PANAMA CITY BEACH, FL**

Zip  
**32408**

Country  
**USA**

4. FEI Number  
**59-3472863**

Applied For  
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**WAHLBERG, RAYMOND E  
 1705 RHODE ISLAND AVE  
 LYNN HAVEN FL 32444**

7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

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

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, 2002 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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**DVST  
 WAHLBERG, RAYMOND E  
 1705 RHODE ISLAND AVE  
 LYNN HAVEN FL 32444** ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**D  
 BERGQUIST, JON R  
 712 S 3RD ST  
 STILLWATER MN 55082** ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**D  
 NATIONS, DONALD F  
 1336 W 15TH ST  
 PANAMA CITY FL 32401** ☒ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**7115 THOMAS DR, # 1104  
 PANAMA CITY BEACH, FL 32408** ☒ Change ☐ Addition

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

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

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

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

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:

**Raymond E Wahlberg**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**9-13-02 850-249-4422**

Date

Daytime Phone #

CR2E034 (9/01)