

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000092820

1. Entity Name

W-EE PROPERTIES, INC.

FILED
Apr 26, 2000 8:00 am
Secretary of State

04-26-2000 90127 001 ***317.50

10101



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

91 HILL AVENUE
FORT WALTON BEACH FL 32548

91 HILL AVENUE
FORT WALTON BEACH FL 32548-7005

2. Principal Place of Business

646 ANCHORS STREET

3. Mailing Address

P.O. DRAWER 4550

Suite, Apt. #, etc.

UNIT 1

Suite, Apt. #, etc.

City & State

FORT WALTON BEACH, FL

City & State

FORT WALTON BEACH, FL

Zip

32548

Country

Zip

32549

Country

UNITED STATES

4. FEI Number

59-3523187

Applied For

Not Applicable

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

SMITH, NATHANIEL JR.
91 HILL AVENUE
FORT WALTON BEACH FL 32548

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, 2000 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 ☐ Delete
NAME D
STREET ADDRESS SMITH, NATHANIEL JR.
CITY-ST-ZIP 91 HILL AVENUE
FORT WALTON BEACH FL 32548

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

TITLE ☐ Delete
NAME D
STREET ADDRESS SMITH, JANNIE V
CITY-ST-ZIP 91 HILL AVENUE
FORT WALTON BEACH FL 32548

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

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

20 April 2000 850 244-7931
Date Daytime Phone #

CR2E034 (9/99)