## 2000 UNIFORM BUSINESS REPORT (UBR) May 05, 2000 8:00 am Secretary of State DOCUMENT # **P98000041669** 1. Entity Name WWJ OF S. FL., INC. 05-05-2000 90055 044 \*\*\*150.00 Principal Place of Business Mailing Address 11910 DONLIN DR 11910 DONLIN DR WELLINGTON FL 33414 WELLINGTON FL 33414-6251 951020 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 65-0835373 west seatla Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WILLIAMS, WARREN J JR Street Address (P.O. Box Number is Not Acceptable) 11910 DONLIN DR **WELLINGTON FL 33414** 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) 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 (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. Change ■ Addition TITLE Delete TITI F WILLIAMS, WARREN J JR NAME STREET ADDRESS 11910 DONLIN DR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **WELLINGTON FL 33414** Change ☐ Addition ☐ Delete TITI F TITLE NAME NAME 12628 70th Place North STREET ADDRESS STREET ADDRESS City-St-ZIP CITY-ST-ZIP ☐ Addition Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE NAME STREET ADDRESS 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:

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Date

Date