

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000002089

1. Entity Name
WBJA, INC.

Principal Place of Business

3 WEST POINT DRIVE
COCOA BEACH FL 32931

Mailing Address

3 WEST POINT DRIVE 2604 MANORWOOD DR.
COCOA BEACH FL 32931-5304 Melbourne FL 32901

2. Principal Place of Business

777 S. Apollo Blvd.
Suite, Apt. #, etc.
Melbourne FL
City & State

3. Mailing Address

2604 MANORWOOD DR.
Suite, Apt. #, etc.
Melbourne FL
City & State

Zip
32901

Country
Brevard

Zip
32901

Country
Brevard

4. FEI Number

59-3565915

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

LACH, BRENDA J
3 WEST POINT DRIVE 2604 MANORWOOD DR.
COCOA BEACH FL 32931 Melbourne FL 32901

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 Brenda J. Lach President

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

1/14/00

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	D	<input type="checkbox"/> Delete
NAME	LACH, BRENDA J	
STREET ADDRESS	3 WEST POINT DRIVE	
CITY-ST-ZIP	COCOA BEACH FL 32931	
TITLE	D	<input type="checkbox"/> Delete
NAME	LACH, LYNDLE W	
STREET ADDRESS	3 WEST POINT DRIVE	
CITY-ST-ZIP	COCOA BEACH FL 32931	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2604 MANORWOOD DR.	
CITY-ST-ZIP	Melbourne FL 32901	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2604 MANORWOOD DR.	
CITY-ST-ZIP	Melbourne FL 32901	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: Brenda J. Lach **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/00
Date

321.723.7200
Daytime Phone #

CR2E034 (9/99)

FILED
Jan 24, 2000 8:00 am
Secretary of State

01-24-2000 90009 036 ***150.00



DO NOT WRITE IN THIS SPACE