

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000094863

1. Entity Name
WILLOUGHBY ENTERPRISES, INC.



FILED
Jul 28, 2003 8:00 am
Secretary of State

07-28-2003 90153 021 ***550.00

0156917 AV

Principal Place of Business
2501 S. OCEAN DRIVE-#710
HOLLYWOOD FL 33019-2610

Mailing Address
2501 S. OCEAN DRIVE-#710
HOLLYWOOD FL 33019-2610



2. Principal Place of Business

5079 N. DIXIE HWY
Suite, Apt. #, etc.
#147

3. Mailing Address

5079 N. DIXIE HWY
Suite, Apt. #, etc.
#147

☒ CHECK HERE IF MAKING CHANGES

City & State

OAKLAND PARK, FL

City & State

OAKLAND PARK, FL

4. FEI Number

65-0963407

Applied For

Not Applicable

Zip

33334

Country

Zip

33334

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WILLOUGHBY, DONALD
2501 S. OCEAN DRIVE-#710
HOLLYWOOD FL 33019-2610

7. Name and Address of New Registered Agent

Name

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

5079 N. DIXIE HWY #147

City

OAKLAND PARK

FL

33334

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST WILLOUGHBY, DONALD 2501 S. OCEAN DRIVE-#710 HOLLYWOOD FL 33019-2610	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LOURDES, ALCANIZ 2501 S OCEAN DRIVE #710 HOLLYWOOD FL 33019	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	5079 N. DIXIE HWY #147 OAKLAND PARK, FL 33334	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	5079 N. DIXIE HWY #147 OAKLAND PARK FL 33334	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Donald Willoughby
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/25/03
Date

(954) 224-6287
Daytime Phone #

CR2E034 (10/02)