

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90152 020 ***150.00

DOCUMENT # **V 73121**

1. Entity Name

WJM Investments, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

390 Donald K. Smith Blvd
Suite, Apt. #, etc.

3. Mailing Address

3201 Bayou Sound
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

DeBary, FL

City & State

Longboat Key, FL

4. FEI Number

650362774

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name **JANE D. VERNON**

Street Address, P.O. Box Number (if Not Applicable)
3201 Bayou Sound

City **Longboat Key**

FL

Zip Code **34228**

**DO NOT WRITE
IN THIS SPACE**

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: Agent or person in charge of registered agent and take it applicable.

(AGENT, Registered Agent, signature required and not nototary)

DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so
(See criteria on back) ☒

January 1 - May 1: Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 **PD**
NAME **William G. VERNON**
STREET ADDRESS **3201 Bayou Sound**
CITY-ST-ZIP **Longboat Key, FL 34228**

TITLE **STD**
NAME **JANE D. VERNON**
STREET ADDRESS **3201 Bayou Sound**
CITY-ST-ZIP **Longboat Key, FL 34228**

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IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(g), 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 on an attachment with an address, with all other like empowered.

SIGNATURE

JANE D. VERNON **JANE D. VERNON**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/02

941-650-0291

Date

Daytime Phone #

CR2E034B (12/01)