2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2002 8:00 am
Secretary of State
04-07-2002 90051 007 ***150.00

000737 AV

DOCUMENT # G66633

1. Entity Name
THE WEALTH TRANSFER GROUP, INCORPORATED

Principal Place of Business	Mailing Address
706 TURNBULL AVE STE 305 ALTAMONTE SPGS FL 32701	706 TURNBULL AVE STE 305 ALTAMONTE SPGS FL 32701

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
283 N NorthLake Blvd	283 N NorthLake Blvd
Suite, Apt. #, etc.: # 111	Suite, Apt. #, etc.: # 111
City & State: Altamonte Springs FL	City & State: Altamonte Springs FL
Zip: 32701-3437 Country: Seminole	Zip: 32701-3437 Country: Seminole

4. FEI Number 59-2392678 ☐ 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
SLANE, ROBERT C 706 TURNBULL AVE. SUITE 305 ALTAMONTE SPRINGS FL 32701-6476	Name: Robert C. Slane Street Address (P.O. Box Number is Not Acceptable): 283 N NorthLake Blvd Suite #111 City: Altamonte Springs FL Zip Code: 32701

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, 2002 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD SLANE, ROBERT 1233 WELLINGTON TERR. MAITLAND FL	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V SLANE, SANDRA M. 1233 WELLINGTON TERRACE MAITLAND FL	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E034 (9/01)

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: Robert C. Slane President Robert C. Slane 3-28-02 407-339-5787
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #