

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90105 030 ****61.25

DOCUMENT # N01000001796

1. Entity Name

WIT-NEST, INC.

Principal Place of Business

Mailing Address

**1048 AUDRY DR.
 DAYTONA BCH FL 32117**

**1048 AUDRY DR.
 DAYTONA BCH FL 32117**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3704647

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

**STAFFORD, INEZ
 1048 AUDRY DR.
 DAYTONA BCH FL 32117**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	STAFFORD, INEZ	
STREET ADDRESS	1048 AUDRY DR.	
CITY-ST-ZIP	DAYTONA BCH FL 32117	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCELVEEN, BELINDA	
STREET ADDRESS	539 MARK AVE.	
CITY-ST-ZIP	DAYTONA BCH FL 32114	
TITLE	D	<input type="checkbox"/> Delete
NAME	RIDDICK, LEAH C.	
STREET ADDRESS	1057 MASON AVE.	
CITY-ST-ZIP	DAYTONA BCH FL 32114	
TITLE	D	<input type="checkbox"/> Delete
NAME	COURTNEY, BRENDA	
STREET ADDRESS	1417 MOLLIE RD.	
CITY-ST-ZIP	DAYTONA BCH FL 32114	
TITLE	D	<input type="checkbox"/> Delete
NAME	GRACE, PATRICIA	
STREET ADDRESS	1476 VINE ST.	
CITY-ST-ZIP	HOLLY HILL FL 32117	
TITLE	D	<input type="checkbox"/> Delete
NAME	GUILTY, FRANCES	
STREET ADDRESS	304 MAPLE ST., #12	
CITY-ST-ZIP	DAYTONA BCH FL 32114	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 617, 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: *Inez Stafford* **STAFFORD**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/02
 Date

(386) 253-1491
 Daytime Phone #

CR2E037 (9/01)