

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2003 8:00 am
Secretary of State

04-17-2003 90122 048 ****61.25

DOCUMENT # N01000001796



1. Entity Name
WIT-NEST, INC.

Principal Place of Business
**1048 AUDRY DR.
DAYTONA BCH FL 32117**

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

2. Principal Place of Business
1329 Ginsberg Drive
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 10081
Suite, Apt. #, etc.

City & State
Daytona Beach, Florida
Zip
32114
Country
USA

City & State
Daytona Beach, Florida
Zip
32120
Country
USA

4. FEI Number **59-3704647**

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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

SIGNATURE _____ (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 Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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** 4/15/03 (386) 253-1491

CR2E037 (10/02)