

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000069389

1. Entity Name
WAND CORPORATION

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90090 012 ***150.00

Principal Place of Business 5301 CONROY RD.,STE.140 ORLANDO FL 32811	Mailing Address 5301 CONROY RD.,STE.140 ORLANDO FL 32811-3551
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 709 Cape Coral Pkwy W Suite, Apt. #, etc.	3. Mailing Address 709 Cape Coral Pkwy W Suite, Apt. #, etc.
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City & State Cape Coral FL	City & State Cape Coral FL	4. FEI Number 39-3591892	Applied For <input type="checkbox"/> Not Applicable
Zip 33914	Country	Zip 33914	Country

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

LANE, PAUL CAMP
5301 CONROY RD.,STE.140
ORLANDO FL 32811

7. Name and Address of New Registered Agent

Name: Monika E. Farmer
Street Address (P.O. Box Number is Not Acceptable): 709 Cape Coral Pkwy West
City: Cape Coral FL Zip Code: 33914

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: Monika E. Farmer MONIKA E. FARMER DATE: 4-24-00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2000 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		<input type="checkbox"/> Delete
TITLE	D	<input type="checkbox"/>
NAME	LANE, PAUL CAMP	
STREET ADDRESS	5301 CONROY RD.,STE.140	
CITY-ST-ZIP	ORLANDO FL 32811	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

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: [Signature] **REQUIRED** DATE: 4-26-00 DAYTIME PHONE #: 941-541-9013
407-316-0349

CR2E034 19/99