# I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: GREGORY A WILSON

Electronic Signature of Signing Officer/Director Detail

#### DOCUMENT# N1700006657

Entity Name: WOUNDED WARRIOR UMPIRE ACADEMY INC.

#### **Current Principal Place of Business:**

826 N PENINSULA DRIVE DAYTONA BEACH, FL 32118

#### **Current Mailing Address:**

826 N PENINSULA DRIVE DAYTONA BEACH. FL 32118 US

## FEI Number: 47-3861672

# Name and Address of Current Registered Agent:

WILSON, GREGORY A 826 N PENINSULA DRIVE DAYTONA BEACH, FL 32118 US

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:

Electronic Signature of Registered Agent

## **Officer/Director Detail :**

Title	P	Title	VP
Name	WILSON, GREG	Name	PADILLA, RICHARD
Address	826 N PENINSULA DRIVE	Address	942 S GROVETON AVE
City-State-Zip:	DAYTONA BEACH FL 32118	City-State-Zip:	GLENDORA CA 91740
		<b></b> :	
Title	SEC	Title	PR, TREASURER
Title Name	SEC PRITCHETT, DAVID	Title Name	PR, TREASURER WILSON, MELANIE
			,

PRESIDENT

04/17/2021

FILED Apr 17, 2021 Secretary of State 1165173027CC

Date

Certificate of Status Desired: No

Date