## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # Entity Name

168252

WARDREP, INC.



Country

Principal Place of Business 1270 EAST COAST DRIVE ATLANTIC BEACH FL 32233

Zip

Mailing Address
1270 EAST COAST DRIVE

ATLANTIC BEACH FL 32233

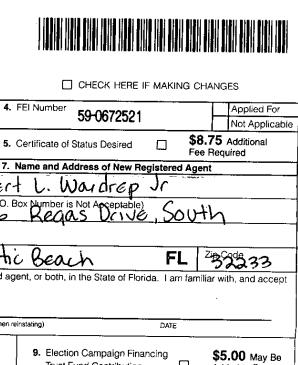
	:	
2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	<del>-</del>
City & State	City & State	

6. Name and Address of Current Registered Agent

Zip

FILED Mar 06, 2003 8:00 am Secretary of State

03-06-2003 90094 030 \*\*\*150.00



WARDRE	P,R L			KODENT	C. Woudrep Jr		
1270 EAS	ST COAST DRIVE		Street /	Address (P.O. B	ox Number is Not Acceptable), South		
	C BEACH FL 32233		<del></del>	10.56	REGIOS UNIVE, DOUTIN		
/// 2 4 11 11	5 5E (611   E 62266		<u> </u>				
	'		City	Hlantic	Beach FL 253533		
8. The above the obligation	named entity submits this statement for the tions of registered agent.	purpose of changing its re	egistered office of	or registered age	ent, or both, in the State of Florida. I am familiar with, and accept		
SIGNATURE					•		
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE							
Afte	May 1, 2003 Fee will be \$550.00 Payable to Florida Department of Sta	f.			9. Election Campaign Financing Trust Fund Contribution.   \$5.00 May Be Added to Fees		
	OFFICERS AND DIR		11.	ADI	DITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Wardrep Sr,r L 1270 E. Coast dr. Atlantic Beach Fl	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1056 R	C WARDREP JR Change Addition EGAS DR SOUTH DPT		
TITLE	,	☐ Delete	TITLE	CHEISLE	P WORDREP _ Change Addition		
NAME			NAME	1	UTICAL BLUD, SOUTH		
STREET ADDRESS CITY-ST-ZIP	İ		STREET ADDRESS		C BEACH, FL 32233 DYPS		
			CITY-ST-ZIP	SICHOIR	DENCH, PU Jalay		
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CITY-ST-ZIP			CITY-ST-ZIP				
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TITLE NAME		Delete	TITLE		☐ Change ☐ Addition		
STREET ADDRESS			NAME STREET ADORESS				
CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP				
—			O. L.				

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 any that my signature shall have the same legal effect as if made under oath; that I am an officer or director changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

2/12/03

904-249-5060

Daytime Phon

CHZEU34 (10/02)