## 2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

## FILED **DOCUMENT # 693774** Apr 26, 2000 8:00 am 1. Entity Name Secretary of State WENDOVER, INC. 04-26-2000 90188 013 \*\*\*150.00 Principal Place of Business Mailing Address PO BOX 740818 73<del>01-a-w-palmetto-pk</del> RD BOYNTON BEACH FL 33474-0818 <del>2040</del>-**ROCA-RATION** سيهل 2. Principal Place of Business 3. Mailing Address SAMÉ 11241 BARCA Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 59-2142685 90 TULON Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BUSH, ARLENE Street Address (P.O. Box Numbe 11291 BARZA BLVD **BOYNTON BEACH FL 33437** 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible **\$5.00** May Be 10. Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 NORMAN H. BUSH TITLE TITLE BUSH, ARLENE NAME 11791 BARLA BLUD NAME STREET ADDRESS STREET ADDRESS 11291 BARCE BLVD BOYNTON BEACH, FL 5343 CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 32437** TITLE BUSH, NESSA E NAME STREET ADDRESS STREET ADDRESS 1014 POINSETTA STREET CITY-ST-ZIP CITY-ST-ZIP COCOA FL 32927 ☐ Addition \*Change WORMAN H. BUST TITLE NAME ILZGI BARCA BLUD STREET ADDRESS STREET ADDRESS BUYNON BEACH PL 33437 CITY-ST-ZIP CITY-ST-ZIF ☐ Change ☐ Addition Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ■ Addition ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE Delete TITLE NAME STREET ADDRESS 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