

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


**FILED**  
**Feb 03, 2003 8:00 am**  
**Secretary of State**

02-03-2003 90321 020 \*\*\*150.00

42001681



☐ CHECK HERE IF MAKING CHANGES

<b>DOCUMENT # F01658</b>	
1. Entity Name <b>WENSOUTH CORPORATION</b>	

Principal Place of Business <b>2040 NORTHWEST 67TH PLACE GAINESVILLE FL 32653 US</b>	Mailing Address <b>P.O. BOX 5278 GAINESVILLE FL 32602-5278 US</b>
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number <b>59-2038047</b>	Applied For
	Not Applicable

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent
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7. Name and Address of New Registered Agent
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<b>CARPENTER, RONALD A. 5608 NW 43 ST GAINESVILLE FL 32653</b>
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Name
Street Address (P.O. Box Number is Not Acceptable)
City
<b>FL</b> 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
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<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2003 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
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TITLE	<b>C</b>	<input type="checkbox"/> Delete
NAME	<b>O NEIL, DENNIS</b>	
STREET ADDRESS	<b>2040 NORTHWEST 67TH PLACE</b>	
CITY-ST-ZIP	<b>GAINESVILLE FL 32653</b>	
TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>THOMAS, MALLINI G</b>	
STREET ADDRESS	<b>2040 NORTHWEST 67TH PLACE</b>	
CITY-ST-ZIP	<b>GAINESVILLE FL</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>CARPENTER, RONALD</b>	
STREET ADDRESS	<b>2040 NORTHWEST 67TH PLACE</b>	
CITY-ST-ZIP	<b>GAINESVILLE FL 32653</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>THOMAS, MALLINI G</b>	
STREET ADDRESS	<b>2040 NORTHWEST 67TH PLACE</b>	
CITY-ST-ZIP	<b>GAINESVILLE FL 32653</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 607, 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: <b>SIGNATURE MALLINI</b>	<b>2-1-03</b>	<b>352-264-7203</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #

CR2E034 (10/02)