

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# F94000006290

FILED
Apr 02, 2002 8:00 AM
Secretary of State

Entity Name: WEN-STAR, INC.

Current Principal Place of Business:

809-B S. BROAD ST.
THOMASVILLE, GA 31792

New Principal Place of Business:

209 NORTH DAWSON STREET
THOMASVILLE, GA 317925130 US

Current Mailing Address:

809-B S. BROAD ST.
THOMASVILLE, GA 31792

New Mailing Address:

209 NORTH DAWSON STREET
THOMASVILLE, GA 317925130 US

FEI Number: 58-2068107

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BIRD, T. BUCKINGHAM
220 S. CHERRY ST.
MONTICELLO, FL 32344 US

Name and Address of New Registered Agent:

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

Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ROBERTS, WAYNE
Address: 809-B S. BROAD ST.
City-St-Zip: THOMASVILLE, GA 31792

Title: TD () Delete
Name: BLACKBURN, WILLIAM H
Address: 809-B S. BROAD ST.
City-St-Zip: THOMASVILLE, GA 31792

Title: S () Delete
Name: ROBERTS, MELODY B
Address: 8098 S. BROAD STREET
City-St-Zip: THOMASVILLE, GA 31792

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: ROBERTS, WAYNE
Address: 209 NORTH DAWSON STREET
City-St-Zip: THOMASVILLE, GA 317925130 US

Title: TD (X) Change () Addition
Name: BLACKBURN, WILLIAM H
Address: 809 S. BROAD ST.
City-St-Zip: THOMASVILLE, GA 31792

Title: S (X) Change () Addition
Name: ROBERTS, MELODY B
Address: 209 NORTH DAWSON STREET
City-St-Zip: THOMASVILLE, GA 317925130 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MELODY B ROBERTS

S

04/02/2002

Electronic Signature of Signing Officer or Director

Date