2002 UNIFORM BUSINESS REPORT (UBR)

	2 UNIFORM BUS	FILED Feb 05, 2002 8:00 am						
DOCU 1. Entity Name	MENT # F9795	3		Secretary of State				
•	WN ASSOCIATES, INC.			• • • • • • • • • • • • • • • • • • •	2002 90109 042 [,]			
Principal Place of Business MANASOTA INDUSTRIAL PARK 4693 19TH STREET COURT EAST BRADENTON FL 34203		Mailing Address MANASOTA INDUSTRIAL PARK 4693 19TH STREET COURT EAST BRADENTON FL 34203						
2. Principal F	Place of Business	3. Mailing Address	3. Mailing Address		: INTEL BAIDE HAL DABAC BADAL D	ALEKI BIBIL BIB	\$ 	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE			
City & State		City & State		4. FEI Number 57-069		Not	plied For Applicable	
Zip	Country	Zip	Country	5. Certificate of Status De	Fee	3.75 Addi e Required		
	6. Name and Address of Current	Registered Agent	Name	7. Name and Address of	New Registered Age	:nt_		
CASO, GE 307 69TH	eorge Street, NW		Street Addre	et Address (P.O. Box Number is Not Acceptable)				
	ON FL 34209					-		
			City		FL_	Zip Code	·	
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)		FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of St		State Trust Fund Con	atribution.	Added	May Be to Fees	
TITLE	OFFICERS AND	Delete	12.	ADDITIONS/CHANGES		RECTORS Change	IN 11	
NAME	ANGELI, LINDA 5006 50TH AVE W BRADENTON FL 34210	∟ Delete	NAME STREET ADDRESS CITY-ST-ZIP			J Orlango		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP	ب مه المجاوزية الموادية المواد		Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS CASO, DONNA R 307 69TH ST, NW BRADENTON FL 34209	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC CASO, GEORGE W 307 69TH ST, NW BRADENTON FL 34209	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP] Change	☐ Addition	
indicated of the cor changed,	certify that the information supplied with ton this report or supplemental report is reporation or the receiver or trustee error, or on an attachment with an address.	s true and accurate and that m	ny signature shall have as required by Chapter Alexande:	the same legal effect as if made 607, Florida Statutes; and that n C Angeli	under oath; that I am a ny name appears in Bl	an officer o lock 11 or i	or director	
SIGNAT		PRINTED NAME OF SIGNING OFFICER	CEUPresiden OR DIRECTOR	t 1/15/2002 Date	941/745-2 Daytim	254 ne Phone #		