## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED **DOCUMENT # G57457** Mar 04, 2000 8:00 am Secretary of State WORDCRAFT COMMUNICATIONS, INC. 03-04-2000 90111 020 \*\*\*150.00 Mailing Address Principal Place of Business 11000 PEPPERTREE LANE 11000 PEPPERTREE LANE PORT RICHEY FL 34668 **PORT RICHEY FL 34668-2421** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For City & State 59-2326278 Not Applicable Zip Country 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 Name FENRICH, DONALD R JR Street Address (P.O. Box Number is Not Acceptable) 11000 PEPPERTREE LANE PT RICHEY FL 34668 Zip Code FL 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicab (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. DS ☐ Addition Change TITLE ☐ Delete TITLE FENRICH, DONALD R JR NAME 11000 PEPPERTREE LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PORT RICHEY, FL 00000 CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE FENRICH, COLLEEN J. NAME NAME 11000 PEPPERTREE LANE STREET ADDRESS STREET ADDRESS PORT RICHEY FL CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST- ZIP CITY-ST-ZIP ☐ Addition ☐ Change Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. Thereby certify that the information supplied with this filling 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