

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2002 8:00 am
Secretary of State

04-11-2002 90038 041 ***150.00

0122599 AV

DOCUMENT # J42734
 1. Entity Name
WENSRIC, INC.

Principal Place of Business Mailing Address
220 HICKORY AVE **220 HICKORY AVE.**
MERRITT ISLAND FL 32953 **MERRITT ISLAND FL 32953**
US **US**

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number Applied For
58-1718964 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
JORDAN, GEORGIANNA
45 BARONY DRIVE
MERRITT ISLAND FL 32953

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** 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.
 SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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 State

10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	V <input type="checkbox"/> Delete
NAME	WENDI JORDAN-HART
STREET ADDRESS	4955 SHADE TREE DR
CITY-ST-ZIP	COCOA FL
TITLE	P <input type="checkbox"/> Delete
NAME	JORDAN, GEORGIANNA
STREET ADDRESS	220 HICKORY AVE.
CITY-ST-ZIP	MERRITT ISLAND FL
TITLE	D <input type="checkbox"/> Delete
NAME	JAMES E HART, II
STREET ADDRESS	4955 SHADE TREE DRIVE
CITY-ST-ZIP	COCOA FL
TITLE	T <input type="checkbox"/> Delete
NAME	RICHARD D JORDAN
STREET ADDRESS	265 SPRUCE
CITY-ST-ZIP	MERRITT ISLAND FL
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Wendi Jordan-Hart*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-1-2002 *3214525189*
 Date Daytime Phone #

CR2E034 (9/01)