

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 17, 2002 8:00 am
Secretary of State

02-17-2002 90100 049 ***150.00

0489028 AV

DOCUMENT # K94008

1. Entity Name

WDF, INC.

Principal Place of Business

**C/O SANDRA J. PENNER-FOX
 6201 PRESIDENTIAL CT- #102
 FORT MYERS FL 33919**

Mailing Address

**18515 DEEP PASSAGE LN
 FORT MYERS BEACH FL 33931**

2. Principal Place of Business

18515 Deep Passage Ln

3. Mailing Address

Suite, Apt. #, etc.

City & State

Fort Myers Beach FL

City & State

Zip

33931

Country

USA

Country

USA

4. FEI Number

65-0125578

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**PENNER-FOX, SANDRA J
 18515 DEEP PASSAGE LN
 FORT MYERS BEACH FL 33931**

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.

(Change Business Address only)

SIGNATURE

Sandra Penner-Fox

Signature, typed or printed name of registered agent and title if applicable

(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	D	<input type="checkbox"/> Delete
NAME	FOX, BILL J.	
STREET ADDRESS	18515 DEEP PASSAGE LN	
CITY-ST-ZIP	FT MYERS BEACH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	PENNER-FOX, SANDRA J.	
STREET ADDRESS	18515 DEEP PASSAGE LN	
CITY-ST-ZIP	FT MYERS BEACH FL	
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"/> 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
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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 an other like empowered.

SIGNATURE:

Sandra Penner-Fox
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/02 9:44:54:3066
 Date Daytime Phone #

CR2E034 (9/01)