FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 03, 2002 8:00 am
Secretary of State
06-03-2002 91193 014 ***150.00

DOCUMENT # L75607

1. Entity Name

WAMPUM, INC.

DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business		3. Mailing Address	
116 Avenue A		116 Avenue A	
Suite, Apt. #, etc: Suite B		Suite, Apt. #, etc.: Suite B	
City & State: Fort Pierce, FL		City & State: Fort Pierce, FL	
Zip: 34950	Country: USA	Zip: 34950	Country: USA

4. FEI Number: 650200367 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

7. Name and Address of Current Registered Agent

Name: FRANK H. FEE, III
Street Address (P.O. Box Number is Not Acceptable): 401 South Indian River Drive
City: Fort Pierce **FL** Zip Code: 34950

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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 ______________________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1, Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	DPT	TITLE	
NAME	FEE, MARY K.	NAME	
STREET ADDRESS	1300 Seaway Drive, A-4	STREET ADDRESS	
CITY-ST-ZIP	Fort Pierce, FL 34949	CITY-ST-ZIP	
TITLE	DVS	TITLE	
NAME	SHAFER, TERRY W.	NAME	
STREET ADDRESS	1502 Faber Court	STREET ADDRESS	
CITY-ST-ZIP	Fort Pierce, FL 34949	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
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CITY-ST-ZIP		CITY-ST-ZIP	

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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Mary K Fee MARY K. FEE, President 5/29/02 772-465-6565
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #