## **2001 UNIFORM BUSINESS REPORT (UBR)**

## FILED Jan 31, 2001 8:00 am Secretary of State **DOCUMENT # L79120** 1. Entity Name WPW NORTH AMERICAN HOLDINGS, INC. 01-31-2001 90285 046 \*\*\*150.00 Principal Place of Business Mailing Address 413 VIRGINIA DR. 413 VIRGINIA DR. ORLANDO FL 32803 ORLANDO FL 32803 MATTPOO 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3013360 Not Applicable Zip Country Zip 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 W & P Services, Inc. WSA-SERVICES\_ING. Street Address (P.O. Box Number is Not Acceptable) 1936 Lee Road, Suite 101 701 PEACHTREE RD CELANDO FL 32804 City **Winte<u>r Park</u>** Zip Code **32789** 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 Fiorida David Webster SIGNATURE 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, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 DP TITLE ☐ Delete ☐ Change Addition NAME WEBSTER, DAVID A. NAME STREET ADDRESS 413 VIRGINIA DR. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32803 TITLE ☐ Defete ☐ Change Addition NAME WEBSTER, JANE R. STREET ADDRESS 1501 HIGHLAND ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WINTER PARK FL ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition TITLE TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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: David A. Webster
PRINTED NAME OF SIGNING OFFICER OR DIRECTOR