N09340

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

Robert Wheeler GAVE AUTHORIZATION BY PHONE TO CORRECT form #5 ON
DATE
DOC. EXAM

000027282280

01/26/04--01021--020 **35.00

FILED
04 JAN 23 PM 2:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. 1/30/04

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

December 16, 2003

WEDGEWOOD PLAZA 3 & 4 ASSOCIATION, INC.
PO BOX 495335
PORT CHARLOTTE, FL 33949 US

SUBJECT: WEDGEWOOD PLAZA 3 & 4 ASSOCIATION, INC.
Ref. Number: N09340

Our records indicate the registered agent for the above named corporation resigned on December 5, 2003 and that the corporation currently does not have a registered agent designated.

Chapter 607, Florida Statutes, requires this office to give 60 days notice of our intent to dissolve a corporation for failure to appoint and maintain a registered agent.

This letter is our notice of intent to dissolve the above named corporation 60 days from the date of this letter if a registered agent is not properly designated.

Enclosed is registered agent designation application for you to complete and return with a filing fee of $35.

If you should need any further information, please contact our office at (850) 245-6050.

Carol Mustain
Document Specialist
Division of Corporations

Letter number: 303A00067363

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of Florida *submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.*

1. The name of the corporation : Wedgewood Plaza 3+4 Association, INC

2. The mailing address of the corporation : 1489 Market cir Bldg 2 #401 Port Charlotte FL 33953

3. Date of incorporation/qualification: _____ Document number: N09340

4. The name and address of the ~~current~~ registered agent and registered office:

5. The name and address of the new registered agent (if changed) and /or registered office (if changed):
(P.O. Box **NOT** Acceptable)

Robert J Uhelacker II
1489 MARKET CIR, Bldg 2 #401
Port Charlotte, FL 33953

FILED
JAN 23 PM 2:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.

_____ 1-19-04
(Signature of an officer, chairman or vice chairman of the board) (Date)

Bassam Dawfas
(Printed or typed name and title)

Having been named as registered agent and to accept service of process for the above stated corporation, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.

_____ 1-19-2004
(Signature of Registered Agent) (Date)

If signing on behalf of an entity:

_____
(Typed or Printed Name) (Capacity)

*** * * FILING FEE: $35.00 * * ***

CR2E045(9/00)

DIVISION OF CORPORATIONS P.O. BOX 6327 TALLAHASSEE, FL 32314