

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 25, 2002 8:00 am
Secretary of State

02-25-2002 90058 008 *****61.25

DOCUMENT # N50837

1. Entity Name

WEDDING PROFESSIONALS OF CENTRAL FLORIDA, INC.

Principal Place of Business

995 N. HWY 434, SUITE 2728
 ALTAMONTE SPRINGS FL 32714
 US

Mailing Address

995 N. HWY 434, SUITE 2728
 ALTAMONTE SPRINGS FL 32714
 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

59-3150622

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

HAWKINS, KATHLEEN
1534 MYRTLE LAKE HILLS ROAD
LONGWOOD FL 32750

7. Name and Address of New Registered Agent

Name **Robert Tancott**

Street Address (P.O. Box Number is Not Acceptable)

500 SR 436, Suite 17

City

Casselberry

FL

Zip Code
32707

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

Robert Tancott President

Robert Tancott, President

2/7/02

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE **DVP** ☒ Delete
 NAME **HAWKINS, KATHLEEN**
 STREET ADDRESS **1534 MYRTLE LAKE HILLS ROAD**
 CITY-ST-ZIP **LONGWOOD FL 32750**

TITLE **PD** ☒ Delete
 NAME **FORANOCE, JOE**
 STREET ADDRESS **1788 PINE BAY DRIVE**
 CITY-ST-ZIP **LAKE MARY FL 32746**

TITLE **TD** ☒ Delete
 NAME **BERGER, JOYCE**
 STREET ADDRESS **941 PADDINGTON TERRACE**
 CITY-ST-ZIP **HEATHROW FL 32746**

TITLE **DS** ☒ Delete
 NAME **WITTMER, SYLVETTE**
 STREET ADDRESS **270 W SR 434**
 CITY-ST-ZIP **LONGWOOD FL 32760**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P/D** ☒ Change ☐ Addition
 NAME **Robert Tancott**
 STREET ADDRESS **500 SR 436, Suite 17**
 CITY-ST-ZIP **Casselberry FL 32707**

TITLE **VP/D** ☒ Change ☐ Addition
 NAME **Christina Smith**
 STREET ADDRESS **1206 N CR 427**
 CITY-ST-ZIP **Longwood FL 32750**

TITLE **T/D** ☒ Change ☐ Addition
 NAME **Louise Blösch**
 STREET ADDRESS **110 Valley Circle**
 CITY-ST-ZIP **Longwood FL 32779**

TITLE **S/D** ☒ Change ☐ Addition
 NAME **Melissa Bartley**
 STREET ADDRESS **4209 Needle Palm Court**
 CITY-ST-ZIP **St Cloud FL 34772**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

Robert Tancott President

Robert Tancott, President

2/7/02 407/831-3412

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)