

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90197 042 ***150.00

DOCUMENT # P00000081669

1. Entity Name
WESLEY SANITATION INC.



Principal Place of Business
**6140 S.E. 71ST. PLACE
TRENTON FL 32693**

Mailing Address
**6140 S.E. 71ST. PLACE
TRENTON FL 32693**

2. Principal Place of Business
6140 S.E. 70th. St.

3. Mailing Address
6140 SE 70th St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Trenton, FL 32693

City & State
Trenton, FL 32693

4. FEI Number **59-3673591**

Applied For
Not Applicable

Zip **32693** Country **Gilchrist**

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WESLEY, JOHN R
6140 SE 71ST PLACE
TRENTON FL 32693**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **WESLEY, JOHN R**
STREET ADDRESS **6140 S.E. 71ST. PLACE**
CITY-ST-ZIP **TRENTON FL 32693**

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

TITLE **CS** ☒ Delete
NAME **BUSSARD, HOLLY W**
STREET ADDRESS **4991 N.W. 155TH ST.**
CITY-ST-ZIP **TRENTON FL 32693**

TITLE **Vernon Dale Wesley** ☒ Change ☐ Addition
NAME **8752 S.E. 70th Ave**
STREET ADDRESS **Trenton, FL 32693**
CITY-ST-ZIP

TITLE **T** ☐ Delete
NAME **WESLEY, JOHN R**
STREET ADDRESS **6140 S.E. 71ST PLACE**
CITY-ST-ZIP **TRENTON FL 32693**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Delete
NAME
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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 607, 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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-12-03
Date

352-472-7133
Daytime Phone #

CR2E034 (10/02)