

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

U124433 A1

DOCUMENT # P00000095093

1. Entity Name
WISTERIA, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
03 SEP 22 AM 11:13

Principal Place of Business
221 EAST ZARAGOSA ST.
PENSACOLA FL 32501

Mailing Address
P.O. BOX 10062
PENSACOLA FL 32524-0062

2. Principal Place of Business

221 East Zaragosa Str.
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 10062
Suite, Apt. #, etc.

City & State

Pensacola, FL

City & State

Pensacola, FL

Zip

32502

Country

Excombia

Zip

32524

Country

Excombia

REINSTATEMENT

4. FEI Number 59-3673379

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CLEVELAND-MORELLI, KAREN A
3062 DESERT ST.
PENSACOLA FL 32514

7. Name and Address of New Registered Agent

Name
Cleveland-Morelli, Karen A.
Street Address (P.O. Box Number is Not Acceptable)
221 East Zaragosa Str.
City Pensacola FL Zip Code 32502

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 *Karen A. Cleveland-Morelli*

DATE 09/17/2003

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
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	<input type="checkbox"/> Delete
NAME	CLEVELAND MORELLI, KAREN A	
STREET ADDRESS	3062 DESERT STREET	
CITY-ST-ZIP	PENSACOLA FL 32514	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Cleveland-Morelli, Karen A.	
STREET ADDRESS	221 East Zaragosa Str.	
CITY-ST-ZIP	Pensacola, FL 32502	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	700023516697	
CITY-ST-ZIP	10/02/03--01072--014 **750.00	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	700023516697	
CITY-ST-ZIP	10/02/03--01072--015 **8.75	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Karen A. Cleveland-Morelli*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE 09/17/2003 (850) 438-8188
Daytime Phone #

CR2E034 (4/03)