2001 UNIFORM BUSINESS REPORT (UBR)

2001	UNIFORM BUSI	NESS REP O	RT (UB	R)			FILE	D	
DOCUMENT # P00000107016 1. Entity Name					Apr 17, 2001 8:00 ar Secretary of State				
WSTELE	SS GADGETS, INC.						etary 0 001 90012 02		
Principal Plac	ee of Business	Mailing Address	··						
6080 KIMBALL		8080 KIMBALL COURT							
spring Hill F	L 34606	SPRING HILL FL 34606				. a v			
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2. Principal P	Place of Business	3. Mailing Address	• • • • • • • • • • • • • • • • • • • •						
Suite, Apt.	<u> </u>	6080 Kimball UT Suite, Apt. #, etc.			***************************************]		ibs arden mitt (#4):	
GUIF Vie	w mast	Osito, v ipti ii , uib.				DO NOT WRITE	IN THIS SPACE		
Port City & State		Serve H:11	FL		FEI Number 19-36844	1211		Applied For	
<i>Ž</i> ip	Country	Zip	Country .		Certificate of Si		\$8.75	Not Applicable Additional	
34668	6. Name and Address of Current F	-3-4606	V.S.A				Fee Req	uired	
	C. Harris and Magicas of Ouriett	regionales Agent	Name			ress of New Re	gistered Agent		
	NARA, EDWARD			DWALD Address (P.O. B	30x Number is	Not Acceptable)			
) KIMBALL COURT ING HILL FL 34606		608		will'CT				
•						<u> </u>		·—·	
				(i~4 H:1	/	! _	FL Zip	Code 1606	
8. The above	a named entity submits this statement for	the purpose of changing its	registered office	or registered ag	ent, or both, in	the State of Flori			
SIGNATURE	EDWARD T	BAGNER		(h)			(- 18-01		
SIGNATURE	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE	: Registered Agent sign	ature required when r	einstating)		DATE		
Tax filing	oration is eligible to satisfy its Intangible requirement and elects to do so.	FILE NOW! After MAY 1, 20 Make Check Payab		550.00		Campaign Final and Contribution.		5.00 May Be dded to Fees	
11.	OFFICERS AND D		12.		DOITIONS/CHA	NGES TO DESIG	ERS AND DIRECT	ORS IN 11	
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name Street address	EDWARD J BAGNARA		NAME STREET ADDRESS						
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13. I hereby indicated of the co-	certify that the information supplied with d on this report or supplemental report is proration or the receiver or trustee emport, or on an attachment with suraddress, v	this filing does not qualify for true and accurate and that n wered to execute this report with all other like empowered.	the exemption sl ny signature shall as required by Cl	ated in Section have the same napter 607, Flor	119.07(3)(i). Fi legal effect as ida Statutes; a	orida Statutes. I f if made under oa nd that my name	urther certify that t th; that I am an off appears in Block	he information licer or director 11 or Block 12 if	
					ĺ		,		
SIGNAT	SIGNATURE AND TYPED OR PI	EDWALD	OR DIRECTOR	NARA	<u> </u>	7-18-0) Date	(352) 683 Daytime Pho		