

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2002 8:00 am
Secretary of State

04-02-2002 90953 039 ***150.00

DOCUMENT # P01000018964

1. Entity Name
WEREP4U, INC.

Principal Place of Business
2775 ALAMANDER AVE.
ENGLEWOOD FL 34223

Mailing Address
2775 ALAMANDER AVE.
ENGLEWOOD FL 34223

2. Principal Place of Business

1072 MALLARD MARSH DR ← SAME

3. Mailing Address

← SAME

City & State

OSPREY, FL

City & State

← SAME

4. FEI Number

65-1082155

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

EMANUEL, CLAIRE
2775 ALAMANDER AVE.
ENGLEWOOD FL 34223

7. Name and Address of New Registered Agent

Name **MALCOLM SHIPMAN**
Street Address (P.O. Box Number is Not Acceptable)
1072 MALLARD MARSH DR
City **OSPREY** **FL** **Zip Code** **34229**

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 *[Signature]* **MALCOLM SHIPMAN**

3.26.02

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **D** ☒ **Delete**
NAME **EMANUEL, CLAIRE**
STREET ADDRESS **2775 ALAMANDER AVE.**
CITY-ST-ZIP **ENGLEWOOD FL 34223**

TITLE **D** ☐ **Delete**
NAME **SHIPMAN, MALCOM**
STREET ADDRESS **30 HEATH PARK DR.**
CITY-ST-ZIP **HEATH, LARDIFF CF14 3QH UK**

TITLE **D** ☐ **Delete**
NAME **MARCUS, ALAN J**
STREET ADDRESS **38 ELM GROVE, EMERSON PARK HORNCHURCH,**
CITY-ST-ZIP **ESSEX RM11 2QX UK**

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ **Change** ☐ **Addition**
NAME **DARRELL F. LAWHORN**
STREET ADDRESS **1068 MALLARD MARSH DR**
CITY-ST-ZIP **OSPREY, FL 34229**

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

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

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

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

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

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **MANCORN SHIPMAN** **3.26.02** **941-918-8763**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)