


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90947 030 ***150.00

DOCUMENT # <u>P01000027955</u>	
1. Entity Name <u>THE WENDELL GROUP, INC.</u>	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <u>2137 HERSCHEL ST.</u> Suite, Apt. #, etc.	3. Mailing Address <u>2137 HERSCHEL ST.</u> Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State <u>JACKSONVILLE, FL.</u>	City & State <u>JACKSONVILLE, FL.</u>	4. FEI Number <u>59-3710259</u>	Applied For <input type="checkbox"/> Not Applicable
Zip <u>32204</u>	Country <u>USA</u>	Zip <u>32204</u>	Country <u>USA</u>
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			

DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent	
	Name <u>TONY CARIBALTES</u>	
	Street Address (P.O. Box Number is Not Acceptable) <u>2137 HERSCHEL ST.</u>	
	City <u>JACKSONVILLE</u>	FL Zip Code <u>32204</u>

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

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>PRESIDENT</u> <u>TONY CARIBALTES</u> <u>2137 HERSCHEL ST.</u> <u>JACK. FL. 32204</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ANTHONY CARIBALTES

4/14/03
Date

(904) 324-6397
Daytime Phone #

CR2E034B (12/02)