2002 UNIFORM BUSINESS REPORT (UBR)

May 21, 2002 8:00 am Secretary of State **DOCUMENT #** P01000055213 1. Entity Name 05-21-2002 91128 035 ***150.00 K & T WESLEY CHAPEL, INC. Principal Place of Business Mailing Address 5105-A FOWLER AVE OLD PASCO RD & SR 54 TEMPLE TERRACE FL 33617 WESLEY CHAPEL FL 33543 2. Principal Place of Business 3. Mailing Address 2622 MANOR OAT 27303 STATE ROAD Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State 4. FEI Number Applied For City & State VALPICO, FL 59-373681*9* Not Applicable wesizy cus Country \$8.75 Additional 5. Certificate of Status Desired ΰsΑ Fee Required 33**5**43 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BELCHER, KENNETH A Box Number is Not Acceptable 2622 MANOR OAK DR 54 VALRICO FL 33594 is statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE ered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This comporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees П Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS CR2E034 (9/01) ☐ Addition TITLE Change TITLE ☐ Delete BELEFTER, FEMNETH A. BELCHER, KENNETH A NAME NAME 2622 MANOR DAK DAINE STREET ADDRESS STREET ADDRESS 2622 MANOR OAK DR CITY-ST-7IP VALRICO FL 33594 VALHICO, FL 33 CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition TITLE Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

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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 of 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:

A BELLITER 4-29-02 813-681-8550

13. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information