

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 23, 2002 8:00 am
Secretary of State

07-23-2002 90334 011 ***150.00

DOCUMENT # P01000056620

1. Entity Name
WSKP ENTERPRISES, INC.



Principal Place of Business
1512 MACKENZIE CT
LYNN HAVEN FL 32444

Mailing Address
P O BOX 1565
LYNN HAVEN FL 32444-6365

00101000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

39-37333 76

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STOPKA, ALBERT J III
108 MOSLEY DR
LYNN HAVEN FL 32444

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME **P**
 STREET ADDRESS **WHITLEY PEMBERTON**
 CITY-ST-ZIP **1512 MacKenzie CT**
Lynn Haven, FL 32444

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME **V**
 STREET ADDRESS **KEVIN PEMBERTON**
 CITY-ST-ZIP **1512 MacKenzie CT**
Lynn Haven, FL 32444

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME **T**
 STREET ADDRESS **SUSAN PEMBERTON**
 CITY-ST-ZIP **1512 MacKenzie CT**
Lynn Haven, FL 32444

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME **S**
 STREET ADDRESS **SUSAN PEMBERTON**
 CITY-ST-ZIP **1512 MacKenzie CT**
Lynn Haven, FL 32444

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 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:

Whitley Pemberton
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JULY 22, 2002

Date

850-271-9656

Daytime Phone #

CR2E034 (4/02)

WSKP Enterprises, Inc.

P.O. Box 1565
Lynn Haven, FL 32444

Phone 850-271-9656
Fax 850-271-9657

Attachment *B0131390*

July 22, 2002

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

Gentlemen,

RE: Document # P01000056620 2002 Uniform Business Report (UBR)

This is the first notice received.

We have received no prior notice.

Enclosed is a check in the amount of \$150.00.

Sincerely,



Whitley Pemberton
President, WSKP Enterprises, Inc.