04/30/2004 11:25 850-245-6015 DOS/SUPPORT

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2004 8:00 am
Secretary of State
05-03-2004 91067 030 ***150.00

DOCUMENT # P01000068059

1. Entity Name

WYNEKEN FAMILY ENT., INC

DO NOT WRITE IN THIS SPACE

94082921

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
City Deli	3306 Brentwood Ct
Suite, Apt. #, etc. 2517 Tamiami Tr.	Suite, Apt. #, etc.
City & State Punta Gorda Fl.	City & State Punta Gorda, Fl
Zip 33950 Country Charlotte	Zip 33950 Country Charlotte

4. FEI Number 59-3732243 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name HELENE R. WYNEKEN

Street Address (P.O. Box Number is Not Acceptable) 3306 Brentwood Ct

City Punta Gorda FL Zip Code 33950

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 Helene R. Wyneken HELENE R. WYNEKEN 4/30/04

(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 Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT THOMAS L WYNEKEN 3306 BRENTWOOD CT. PG. FL	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SECRETARY HELENE R. WYNEKEN 3306 BRENTWOOD CT., PG-FL.	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
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CR2E034B (12/03)

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: Helene R. Wyneken HELENE R. WYNEKEN 4/30/04 941505 8400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #