# 2003 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Jan 13, 2003**
**Secretary of State**

DOCUMENT# P01000070233

**Entity Name:** WYNNS INTERNATIONAL, INC.

**Current Principal Place of Business:**

5263 GOLDEN GATE PARKWAY
UNIT B
NAPLES, FL 34116 US

**New Principal Place of Business:**

**Current Mailing Address:**

5263 GOLDEN GATE PARKWAY
UNIT B
NAPLES, FL 34116 US

**New Mailing Address:**

**FEI Number: 90-0033229** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PEREZ, ESTELA W
20600 NE 15TH AVE
MIAMI, FL 33179

**Name and Address of New Registered Agent:**

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: _____

Electronic Signature of Registered Agent Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete
Name: PEREZ, ESTELA W
Address: 20600 NE 15TH AVE
City-St-Zip: MIAMI, FL 33179

Title: DS ( ) Delete
Name: PEREZ, COSME
Address: 20600 NE 15TH AVENUE
City-St-Zip: MIAMI, FL 33179

Title: DT ( ) Delete
Name: PEREZ, COSME E
Address: 20600 NE 15TH AVENUE
City-St-Zip: MIAMI, FL 33179

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DP (X) Change ( ) Addition
Name: PEREZ, ESTELA W
Address: 5263 GOLDEN GATE PARKWAY
City-St-Zip: NAPLES, FL 34116

Title: DS (X) Change ( ) Addition
Name: PEREZ, COSME
Address: 5263 GOLDEN GATE PARKWAY
City-St-Zip: NAPLES, FL 34116

Title: DT (X) Change ( ) Addition
Name: PEREZ, COSME E
Address: 5263 GOLDEN GATE PARKWAY
City-St-Zip: NAPLES, FL 34116

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: COSME E PEREZ DT 01/13/2003

Electronic Signature of Signing Officer or Director Date