

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

**FILED**  
**May 13, 2002 8:00 am**  
**Secretary of State**

05-13-2002 90102 047 \*\*\*150.00

DOCUMENT # P010000 70457 ✓  
 Entity Name  
THE WIRE GROUP INC.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business <u>1460 BELTREES</u>		3. Mailing Address <u>1460 BELTREES</u>	
Suite, Apt. #, etc. <u>SUITE 11</u>		Suite, Apt. #, etc. <u>SUITE 11</u>	
City & State <u>DUNEDIN, FL</u>		City & State <u>DUNEDIN, FL</u>	
Zip <u>34698</u>	Country <u>USA</u>	Zip <u>34698</u>	Country <u>USA</u>

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4. FEI Number <u>59-3723388</u>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name LINDA LEOUX

Street Address (P.O. Box Number is Not Acceptable)  
8034 WOODBROOK CT

City HUDSON FL Zip Code 34667

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.

SIGNATURE Linda Leoux, Treasurer  
(Type or print name of registered agent and fee if applicable. NOTE: Registered Agent signature required when reinstating.)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

January 1 - May 1: Fee is \$150.00  
 After May 1: Fee is \$550.00  
 Amended UBR is \$61.25  
 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>P/D: DEPT PHYLLIS HOUSE 606 PARSONS TERR DUNEDIN, FL 34698</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>V. L. D. PRESIDENT DIANE HENN 7058 PORPOISE ST SPRING HILL, FL 34607</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>TREASURER LINDA LEOUX 8034 WOODBROOK CT HUDSON, FL 34667</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>SECRETARY DAWN ELLIOTT 5034 SCHOOL RD NEW PORT RICHEY, FL 34653</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: Linda Leoux LINDA LEOUX - T/O 4/10/02 727-869-9177  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: Daytime Phone #

CR2E034B (12/01)