

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2002 8:00 am
Secretary of State

04-03-2002 90189 021 ***158.75

DOCUMENT # P01000099173

1. Entity Name
WXP INC.

Principal Place of Business
376 NESSLER WAY
SPRING HILL FL 34609

Mailing Address
376 NESSLER WAY
SPRING HILL FL 34609

2. Principal Place of Business
7011 Ridge Rd.
 Suite, Apt. #, etc.

3. Mailing Address
7011 Ridge Rd.
 Suite, Apt. #, etc.

City & State
Port Richey, FL.
 Zip
34668
 Country
USA

City & State
Port Richey, FL.
 Zip
34668
 Country
USA

4. FEI Number
59-3739883

Applied For
 Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

BARBER, SHAWN
376 NESSLER WAY
SPRING HILL FL 34609

7. Name and Address of New Registered Agent

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.

SIGNATURE *Shawn Barber President*

3-26-02

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 \$150.00
After May 1, 2002 Fee will be \$550.00
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

TITLE **DP** ☐ Delete
 NAME **BARBER, SHAWN**
 STREET ADDRESS **376 NESSLER WAY**
 CITY-ST-ZIP **SPRING HILL FL 34609**

TITLE **DV** ☐ Delete
 NAME **BARBER, DIANNA**
 STREET ADDRESS **376 NESSLER WAY**
 CITY-ST-ZIP **SPRING HILL FL 34609**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DP** ☒ Change ☐ Addition
 NAME **BARBER, SHAWN**
 STREET ADDRESS **7011 RIDGE RD.**
 CITY-ST-ZIP **Port Richey, FL. 34668**

TITLE **DV** ☒ Change ☐ Addition
 NAME **BARBER, DIANNA**
 STREET ADDRESS **7011 RIDGE RD.**
 CITY-ST-ZIP **PORT RICHEY, FL. 34668**

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

TITLE ☐ Change ☐ Addition
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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:

Shawn Barber
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-26-02

Date

727-815-8600

Daytime Phone #

0538454 AV

CR2E034 (9/01)