FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Jan 23, 2002 8:00 am P01000099183 DOCUMENT # **Secretary of State** 1. Entity Name 01-23-2002 90035 035 ***150.00 W & R INVESTMENT ENTERPRISES, INC. Principal Place of Business Mailing Address 1510 SW 47TH TERRACE 1510 SW 47TH TERRACE CAPE CORAL FL 33914 CAPE CORAL FL 33914 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number Applued City & State City & State Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MUHLEGG, WALTER Street Address (P.O. Box Number is Not Acceptable) 1510 SW 47TH TERRACE CAPE CORAL FL 33914 Zip Code City Fl 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS CR2E034 (9/01 TITLE □ Delete TITLE ☐ Change Addition MUHLEGG, WALTER NAME NAME 1510 SW 47TH TERRACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CAPE CORAL FL 33914 TITLE ☐ Delete TITLE ☐ Addition Mendoza Ron MENDOZA, RAFAEL NAME NAME 63335E STREET ADDRESS 1510 SW 47TH TERRACE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CAPE CORAL FL 33914 TITLE SD ☐ Delete TITLE Change ☐ Addition NAME SOLIS, GLADYS NAME STREET ADDRESS 1510 SW 47TH TERRACE STREET ADDRESS 633 3E CITY-ST-ZIP CITY-ST-ZIP CAPE CORAL FL 33914 TITLE ☐ Change - ☐ Addition TITLE TD ☐ Delete **OLIVAR. DAMARIS** NAME NAME STREET ADDRESS 1510 SW 47TH TERRACE STREET ADDRESS CITY-ST-ZIP CAPE CORAL FL 33914 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE □ Delete TITLE NAME ΝΔΜΕ STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 of ustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

SIGNATURE:

changed, or on an attachmed with