

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 23, 2002 8:00 am**  
**Secretary of State**

01-23-2002 90035 035 \*\*\*150.00

0485658 AV

**DOCUMENT # P01000099183**

1. Entity Name  
**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.

City & State City & State

Zip Country Zip Country

4. FEI Number *Applied for*  Applied For  Not Applicable

DO NOT WRITE IN THIS SPACE

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MUHLEGG, WALTER**  
**1510 SW 47TH TERRACE**  
**CAPE CORAL FL 33914**

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 \_\_\_\_\_ (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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  Delete  
 NAME **PD MUHLEGG, WALTER**  
 STREET ADDRESS **1510 SW 47TH TERRACE**  
 CITY-ST-ZIP **CAPE CORAL FL 33914**

TITLE  Change  Addition  
 NAME \_\_\_\_\_  
 STREET ADDRESS \_\_\_\_\_  
 CITY-ST-ZIP \_\_\_\_\_

TITLE  Delete  
 NAME **VD MENDOZA, RAFAEL**  
 STREET ADDRESS **1510 SW 47TH TERRACE**  
 CITY-ST-ZIP **CAPE CORAL FL 33914**

TITLE  Change  Addition  
 NAME *VD Mendoza Rafael*  
 STREET ADDRESS *633 SE 12th ct*  
 CITY-ST-ZIP *Cape Coral Fl 33990*

TITLE  Delete  
 NAME **SD SOLIS, GLADYS**  
 STREET ADDRESS **1510 SW 47TH TERRACE**  
 CITY-ST-ZIP **CAPE CORAL FL 33914**

TITLE  Change  Addition  
 NAME *SD Solis Gladys*  
 STREET ADDRESS *633 SE 12th ct*  
 CITY-ST-ZIP *Cape Coral Fl 33990*

TITLE  Delete  
 NAME **TD OLIVAR, DAMARIS**  
 STREET ADDRESS **1510 SW 47TH TERRACE**  
 CITY-ST-ZIP **CAPE CORAL FL 33914**

TITLE  Change  Addition  
 NAME \_\_\_\_\_  
 STREET ADDRESS \_\_\_\_\_  
 CITY-ST-ZIP \_\_\_\_\_

TITLE  Delete  
 NAME \_\_\_\_\_  
 STREET ADDRESS \_\_\_\_\_  
 CITY-ST-ZIP \_\_\_\_\_

TITLE  Change  Addition  
 NAME \_\_\_\_\_  
 STREET ADDRESS \_\_\_\_\_  
 CITY-ST-ZIP \_\_\_\_\_

TITLE  Delete  
 NAME \_\_\_\_\_  
 STREET ADDRESS \_\_\_\_\_  
 CITY-ST-ZIP \_\_\_\_\_

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: *[Signature]* 1. 2002 941-541-26-58  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CFR2E034 (9/01)