

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2003 8:00 am
Secretary of State

DOCUMENT # P01000102569

1. Entity Name
W.P.N., INC.



05-23-2003 90443 001 ***550.00
05-23-2003 90443 002 *****8.75

Principal Place of Business
107 MORNINGSID DR., STE. A
LAKELAND FL 33803

Mailing Address
107 MORNINGSID DR., STE. A
LAKELAND FL 33803

2. Principal Place of Business
464 W. Pipkin Road

3. Mailing Address
P.O. Box 6272

Suite, Apt. #, etc.
Suite 1

Suite, Apt. #, etc.

City & State
Lakeland, Florida

City & State
Lakeland, Florida

4. FEI Number
58-2656691

Applied For
Not Applicable

Zip
33813

Country
USA

Zip
33807-6272

Country
USA

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

DANIEL MEDINA, P.A.
~~107 MORNINGSID DR., STE. A~~
LAKELAND FL 33803

Suite 1
464 W Pipkin Rd
33813

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STONE, WILLIAM H 970 GLADES RD. GATLINBURG TN 37738	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STONE, EMILY 970 GLADES RD. GATLINBURG TN 37738	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STONE, GERTRUDE 4540 BEE RIDGE RD., NO. 264 SARASOTA FL 34236	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with address, with all other like empowered.

SIGNATURE:

W.H. STONE (W.H. STONE)

May 13, 2003

(NONE)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)



DANIEL MEDINA, LL. M.*
*FLORIDA BAR BOARD CERTIFIED
WILLS, TRUSTS & ESTATES




Attachment 55043458
DANIEL MEDINA, P.A. #P01000102569
ATTORNEYS AT LAW

ERIC J. OLSON

Attorney/Client Privileged and Confidential
TRANSMITTAL MEMORANDUM

*Via Certified Mail Return Receipt Requested
Receipt No.: 7160 3901 9844 3534 4995
and Regular US Mail*

Date: 19 May 2003
To: Division of Corporations
PO Box 1500
Tallahassee FL 32314
cc: William Stone, President
W.P.N., Inc.

From: Eric J. Olson, Esquire 

No. of Pages
(including cover): Three (3) Our Matter No.: 01-107

RE: W.P.N., Inc.
Document No. P01000102569
FEIN: 58-2656691

Comments:

In regards to the above referenced corporation, please find enclosed an original 2003 *For Profit Corporation Uniform Business Report* together with my firm's operating checks a) #2554 in the mount of Eight Dollars and Seventy-five Cents as payment for a *Certificate of Status* and b) #2588 in the amount of Five Hundred Fifty Dollars and No Cents (\$550.00) in payment of the filing and late fees. Please enter this filing at your earliest opportunity and return the certificate to me in the enclosed self addressed and postage paid envelope. Give me a call with any questions. Thanks.

EJO/lms
Enclosures (as stated)

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