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

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ELCHECK HERE IF MAKING CHANGES Applied For

FILED May 23, 2003 8:00 am **Secretary of State** 05-23-2003 90443 001 ***550.00

2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)** P01000102569

DOCUMENT #

107 MORNINGSIDE DR., STE, A

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

Principal Place of Business Mailing Address

LAKELAND FL 33803 LAKELAND FL 33803 2. Principal Place of Business 3. Mailing Address 464 W. Pipkin Road Starf P.O. Box 6272 Suite, Apt. #, etc. Suite, Apt. #, etc. Suite 1 City. & State Lakeland, City & State Florida Lakeland,

Country 33807-6272 USA USA 6. Name and Address of Current Registered Agent

5. Certificate of Status Desired

\$8.75 Additional Fee Required

Not Applicable

7. Name and Address of New Registered Agent

DANIEL MEDINA, P.A. 407=MORNINGSIDE DR.=STE.=A-

LAKELAND FL 23803 :

Suite 1 464 W Pipkin Rd 33813

107 MORNINGSIDE DR., STE. A

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

City

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

33813

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

(NOTE: Registered Agent signature required when reinstating)

DATE

\$5.00 May Be

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.

Added to Fees

10	OFFICERS AND DIRECTORS -	11	 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Delete STONE, WILLIAM H 970 GLADES RD. GATLINBURG TN 37738	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	COVEY FOOL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Delete STONE, EMILY 970 GLADES RD. GATLINBURG TN 37738	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP	STONE, GERTRUDE 4540 BEE RIDGE RD., NO. 264 SARASOTA FL 34236	TITLE NAME STREET ADDRESS CITY-SI-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	□ Delete	. TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME _*	☐ Delete	TITLE	☐ Change ☐ Addition	_
STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS	☐ Delete	TITLE NAME STREET ADDRESS	☐ Change ☐ Addition	

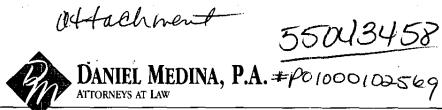
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same 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 of the corporation or the receiver or trustee empoy changed, or on an attachment with an addition, w

CITY-ST-7IP

SIGNATURE:



Daniel Medina, ll. m.* *FLORIDA BAR BOARD CERTIFIED WILLS, TRUSTS & ESTATES



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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