

# 2002 UNIFORM BUSINESS REPORT (UBR)

05-29-2002 90700 046 \*\*\*158.13

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P01000106567**

1. Entity Name  
**WASSUP WASSUP MENTORING & LEADERSHIP PROGRAM INC**

Principal Place of Business  
**5946 SILVER STAR RD  
ORLANDO FL 32808**

Mailing Address  
**P.O. BOX 681129  
ORLANDO FL 32868**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**ABOVE**

Suite, Apt. #, etc.  
**226**

3. Mailing Address  
**ABOVE**

Suite, Apt. #, etc.  
**---**

City & State  
**ABOVE**

City & State  
**ABOVE**

Zip " " Country **U.S.** Country **U.S.**

4. FEI Number  
**02-0631412**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**MURRAY, STANLEY  
5946 SILVER STAR RD  
ORLANDO FL 32808**

7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
**N/A**  
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  **04/22/02** DATE

Signature, typed or printed name of registered agent and valid if applicable. (NOTE: Registered Agent signature required when reinstating)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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  **04/22/02** **226-212-7769**

CB2004 (03/01)



# **WASSUP WASSUP Mentoring & Leadership Program Inc.**

*Founder/CEO: Stanley Murray*  
*(321) 217-7249*

*P.O. Box 681129*  
*Orlando, Florida 32868*

## **BOARD OF DIRECTORS**

<b>Name</b>	<b>Title</b>
Stanley Murray P.O. Box 681129 Orlando, Fl 32868 (321) 217-7249	Founder / CEO
Tameka Carter-Murray P.O. Box 618566 Orlando, Fl. 32861 (321) 217-7249	Sr. Executive Assistant / Treasurer
Mary McMillian P.O. Box 432 Gretna, Fl. 32351 (850) 856-5526	Spiritual / Pastoral Advisor
Kenneth Wilson 2400 W. 33 <sup>rd</sup> Street Orlando, Fl 32839 (407) 448-6099	Government Relations / Sponsorship
Russell Troutman, Esq. / Terry McCamie 311 W. Fairbanks Winter Park, Fl. 32789 (407) 647- 2277	Legal Advisor