

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2003 8:00 am
Secretary of State

04-09-2003 90110 037 ***150.00

DOCUMENT # P01000114782

1. Entity Name
THE WB MARKETING COMPANY



Principal Place of Business
**5448 HOFFNER AVE STE 403
ORLANDO FL 32812**

Mailing Address
**5448 HOFFNER AVE STE 403
ORLANDO-FL-32812**

2. Principal Place of Business
**11208 HUTCHISON BLVD
Suite, Apt. #, etc.
178**

3. Mailing Address
**3198 LK. GEORGE COVE DR
Suite, Apt. #, etc.**

City & State
PANAMA CITY BEACH, FL

City & State
ORLANDO, FLORIDA

Zip
32407

Country
USA

Zip
32812

Country
USA



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3675650**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**NETTLES, WALTER
5448 HOFFNER AVE STE 403
ORLANDO FL 32812**

7. Name and Address of New Registered Agent

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

WALTER NETTLES

(NOTE: Registered Agent signature required when reinstating)

4-5-03

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

TITLE **D** ☐ Delete
NAME **NETTLES, WALTER**
STREET ADDRESS **3198 LAKE GEORGE DRIVE**
CITY-ST-ZIP **ORLANDO FL 32812**

TITLE **D** ☐ Delete
NAME **NETTLES, BETH R**
STREET ADDRESS **3198 LAKE GEORGE DRIVE**
CITY-ST-ZIP **ORLANDO FL 32812**

TITLE **D** ☐ Delete
NAME **BRIGGS, CINDY**
STREET ADDRESS **3198 LAKE GEORGE DRIVE**
CITY-ST-ZIP **ORLANDO FL 32812**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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 an address, with all other like empowered.

SIGNATURE: Walter Nettles
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-5-03 **407-737-6789**
Date Daytime Phone #

CR2E034 (10/02)