

FILED
May 16, 2003 8:00 am
Secretary of State

04-18-2003 90204 044 ***150.00

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

DOCUMENT # P02000017200

1. Entity Name
W.R.D.P ENTERPRISES, INC.



Principal Place of Business
5823 26TH ST. WEST
BRADENTON FL 34207

Mailing Address
5823 26TH ST. WEST
BRADENTON FL 34207

55041176



2. Principal Place of Business

233 47TH ST W

Suite, Apt. #, etc.

3. Mailing Address

233 47TH ST W

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

BRADENTON FL

City & State

BRADENTON FL

4. FEI Number

04-3602703

Applied For

Not Applicable

Zip

34209

Country

USA

Zip

34209

Country

USA

5. Certificate of Status Desired

☐ \$8.75 Additional
Fees Required

6. Name and Address of Current Registered Agent

FULKS, CHARLES O
5823 26TH ST. WEST
BRADENTON FL 34207

7. Name and Address of New Registered Agent

Name
RACHEL DELPLATO

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

233 47TH ST WEST

City
BRADENTON

FL

Zip Code
34209

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
RACHEL DELPLATO

Signature, typed or printed name of registered agent and title if applicable
(NOTE: Registered Agent signature required when resigning)
RACHEL DELPLATO 4/30/03

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
NAME
STREET ADDRESS
CITY-ST-ZIP
PRESIDENT
DELPLATO, RACHEL
233 47TH ST. WEST
BRADENTON FL 34209

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PRESIDENT

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)