

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

FILED
Apr 17, 2003 8:00 am
Secretary of State

04-17-2003 90211 015 ***150.00

DOCUMENT # *P02000035804*

1. Entity Name

WDR Enterprises, Inc



DO NOT WRITE IN THIS SPACE

90090886

2. Principal Place of Business

4500 E Bay Dr.
Suite, Apt. #, etc. K151

3. Mailing Address

4500 E Bay Dr.
Suite, Apt. #, etc. K151

City & State

Clearwater FL

City & State

Clearwater FL

Zip

33764

Country

Pinellas

Zip

33764

Country

Pinellas

4. FEI Number

020578195

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Phyllis S. Ricketts

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

4500 E Bay Dr. K151

City

Clearwater

FL

Zip Code

33764

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

Phyllis S. Ricketts

Phyllis S. Ricketts

4/3/03

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

NOTE: Registered Agent Signature required when reinstating.

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 *President*
NAME *Phyllis S. Ricketts*
STREET ADDRESS *4500 E Bay Dr. K151*
CITY-ST-ZIP *Clearwater FL 33764*

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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Phyllis S. Ricketts

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Phyllis S. Ricketts

4/3/03 7275359257

Date

Daytime Phone #

CR2E034B (12/02)