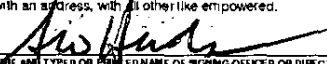


FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90411 019 ***150.00

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

DOCUMENT # P02000047444			
1. Entity Name WYNNEOVER, INC.			
Principal Place of Business 19930 PASO FINO WAY DADE CITY, FL 33523		Mailing Address 19930 PASO FINO WAY DADE CITY, FL 33523	
2. Principal Place of Business		3. Mailing Address P.O. Box 925	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State TRI-BLY, FL	
Zip		Zip 33593	
Country		Country USA	
4. FEI Number 27-0010309		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent HUDSON, ALAN W 19930 PASO FINO WAY DADE CITY, FL 33523		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 _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when retaining.)			
FILE NOW! FEE IS \$150.00 After May 1, 2003 Fee will be \$500.00 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP D HUDSON, ALAN W 19930 PASO FINO WAY DADE CITY, FL 33523 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP DIPIS IT ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP D HUDSON, KIMBERLY W 19930 PASO FINO WAY DADE CITY, FL 33523 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP DIV ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ 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 changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: 		4/24/03	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	

CR203A (10/02)