FILED
Jun 09, 2003 8:00 am
Secretary of State
05-08-2003 90175 031 ***550.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000055544

1. Entity Name

TORRIE WILSON, INC.

DO NOT WRITE IN THIS SPACE

44003550

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
5214 E LONGBOAT BLVD	SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: TAMPA, FL.	City & State
Zip: 33615 / Country: HILLSBOROUGH	Zip / Country

4. FEI Number: 02-0604137 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: WILSON, TORRIE

Street Address (P.O. Box Number is Not Acceptable): 5214 E LONGBOAT BLVD

City: TAMPA FL Zip Code: 33615

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 ____ 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	TITLE	
NAME	Torrie Wilson	NAME	
STREET ADDRESS	5214 E Longboat Blvd	STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33615	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034B (12/02)

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: Torrie Wilson 5-6-03 813-818-7794

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #