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SECRETARY OF STATE
TALLAHASSEE, FLORIDA200014095052
03/14/03--01080--031 **150.002003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000083081			
1. Entity Name WB JENNINGS ENTERPRISES, INC.			
Principal Place of Business 5339 E CO HWY BOX PMS 248 SEAGROVE BEACH, FL 32459		Mailing Address 5339 E CO HWY BOX PMS 248 SEAGROVE BEACH, FL 32459	
A. Principal Place of Business 53 SUMMER BRUCE LN. State, Apt. #, etc.		B. Mailing Address 5339 E. CO. HWY 304 State, Apt. #, etc. PMB 248	
City & State SEAGROVE BEACH, FL.		City & State SEAGROVE BEACH, FL.	
ZIP 32459	Country USA	ZIP 32459	Country USA
C. Name and Address of Current Registered Agent JENNINGS, BRYAN 53 SUMMER BRUCE LANE SANTA ROSA BEACH, FL 32459		D. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
E. 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, the registered agent.			
SIGNATURE <i>William Bryan Jennings</i> Signature, Title or printed name of registered agent (do not leave blank)		SIGNATURE <i>William Bryan Jennings</i> Signature, Title or printed name of registered agent (do not leave blank)	
F. Election Campaign Financing True Fund Contribution. ☐ \$5.00 may be Added to Fee		G. Election Campaign Financing True Fund Contribution. ☐ \$5.00 may be Added to Fee	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 190.07(2)(b), Florida Statutes. I further certify that the information included on this report or supplemental report is true and accurate and that my signature does 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 employees.			
SIGNATURE: <i>William Bryan Jennings</i>		2/24/03 (850) 259-8559	

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