## FILED Jun 25, 2003 8:00 am Secretary of State

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

DOCUMENT # P02000107310  1. Entity Name  KEVIN WANSER ENTERPRISES, INC.									
Principal Place of Business Mailing Address							55049826		
C/O KEVIN E 2023 KNOLLO	C/O KEVIN E. WANSER 2023 KNOLLCREST DRIVE	C/O REVIN E. WANSER 2023 KNOLLCREST DRIVE			22042040				
CLERMONT FL 34711			CLERMONT FL 34711						
2. Principal Place of Business			3. Mailing Address						
Suite, Apt. #, etc.			Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES		
City & State			City & State				4. FEI Number Applied For 55-0801011 Not Applied by		
Zip	Zip Country		Zip	try	SS 75 Additional				
							9. Certificate of Status Cesting Pee Required		
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent			
DOUGHE	RTY, TOM H	(					vin E. Wanser		
	OND STREE		Street Address			ddress (H	(P.O. Box Number is Not Acceptable)		
SUITE A					2023 Knollcrest Dr.				
CLERMONT FL 34711					City	<u> </u>	Zin.Code		
8 The shove	named entit	submiss this statement for	the purpose schanging its	renister	ed office or		red agent, or both, in the State of Florida. I am familiar with, and accept		
	tions of regist		21/	- Ogiator		rogiatore	and again, or both, it was been or i bridge it self-to-limited with a decopy		
SIGNATURE // STATE									
SIGNATURE Signature, typical or physical familiar entitlered agent and title ( applicable. (NOTE: Registered Agent signature required when remistating)  DATE									
Arter May 1, 2003 Fee Will be \$550.00   Trust Fund Contribution. Adde									
10.	K Payable to			1			ADDITIONS (CHANGES TO CEELEEDS AND DIRECTORS IN 14		
TITLE	PST	OFFICENS AND I		-1		P.S.			
NAME	WANSER,	KEVIN E		NAM	<u>.</u>	K au	vin E Wanser		
STREET ADDRESS	SS 203 KNOLLCREST DRIVE  CLERMONT FL 34711					200	à3 Knollcrest 95,		
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	ertify that the	information supplied with	his filing does not qualify for t			ed in Sec	ction 119 07(3Vi). Florida Stanutes. I further certify that the information		
Indicated of the corr changed,	STREET ADDRESS  (ITY-ST-ZIP  2. I hereby certify that the information supplied with this filling 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 truylee 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.								
SIGNAT	URF.	S/ XXIII	BE IS \$150.00  Be will be \$550.00  Be will be \$550.00  B. Election Campaign Financing Trust Fund Contribution.   OFFICERS AND DIRECTORS  IT. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.  OFFICERS AND DIRECTORS  IT. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.  OR TIME  NAME STRET ADDRESS  CITY-S1-2P  OBIDE  Delete  TITLE  NAME STRET ADDRESS  CITY-S1-2P  OBIDE  OBIDE  OBIDE  OBIDE  TITLE  NAME STRET ADDRESS  CITY-S1-2P  OBIDE  TITLE  NAME STRET ADDRESS  CITY-S1-2P  OBIDE  OBIDE  TITLE  OCHANGE Addition  Addition  Addition  Addition  TITLE  OCHANGE Addition  Addition  OCHANGE ADDITIONS  OCHANGE ADDITIO						
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