

FILED

Jun 25, 2003 8:00 am

Secretary of State

05-02-2003 90132 042 ***150.00

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

DOCUMENT # P02000107310

1. Entity Name

KEVIN WANSEER ENTERPRISES, INC.



Principal Place of Business

C/O KEVIN E. WANSEER
2023 KNOLLCREST DRIVE
CLERMONT FL 34711

Mailing Address

C/O KEVIN E. WANSEER
2023 KNOLLCREST DRIVE
CLERMONT FL 34711

55049826

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

55-0801011

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

DOUGHERTY, TOM K
715 ALMOND STREET
SUITE A
CLERMONT FL 34711

7. Name and Address of New Registered Agent

Name

Kevin E. Wanser

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

2023 Knollcrest Dr.

City

Clermont

FL

Zip Code

34711

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 use if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

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-ZIPPST
WANSEER, KEVIN E
203 KNOLLCREST DRIVE
CLERMONT FL 34711☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIPP.S.T.C
Kevin E Wanser
2023 Knollcrest Dr
Clermont FL 34711☒ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIPV.D.M
Michael A. Del Pizzo
12970 Eagle Pointe Cir
Ft. Myers FL 33913☐ Change ☒ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☒ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DeleteTITLE
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/24/03

Date

352-396-6964

Daytime Phone #

CR2E034 (10/02)