

2003 UNIFORM BUSINESS REPORT (UBR)

05-05-2003 91414 050 ***150.00
P02000121575

DOCUMENT # P02000121575

1. Entity Name

WE SEND CARDS, INC.



FILED

AUG 14 PM 3:11

Principal Place of Business

Mailing Address

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

all 8/14/03

2. Principal Place of Business

9209 W. HIGHLAND PINES DR.

Suite, Apt. #, etc.

3. Mailing Address

9209 W. HIGHLAND PINES DR.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

PALM BEACH GARDENS, FL 33418

City & State

PALM BEACH GARDENS, FL 33418

4. FEI Number

Applied For

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MINTMIRE, DONALD F ESQ.
265 SUNRISE AVE.
SUITE 204
PALM BEACH FL 33480

Name

Denise L. McWeeney

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

9209 W. Highland Pines Dr

City

P.B.G.

FL

Zip Code

33418

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

Denise L. McWeeney

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

Aug. 12, 2003

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE: President
NAME: Denise L. McWeeney
STREET ADDRESS: 9209 W. Highland Pines Dr.
CITY-ST-ZIP: P.B.G., FL 33418

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10. ADDITIONS/CHANGES

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☐ Change ☐ Addition

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11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

X M. Hobbs

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

X 4/30/03

Date

Daytime Phone #