

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 19, 2001 8:00 am**  
**Secretary of State**

0367633

02-19-2001 90041 047 \*\*\*150.00

**DOCUMENT # P93000022462**

1. Entity Name

**WENSTROM COMMUNICATIONS, INC.**

Principal Place of Business

2431 ESTANCIA BLVD  
 BLDG C  
 CLEARWATER FL 33761  
 US

Mailing Address

2431 ESTANCIA BLVD  
 BLDG C  
 CLEARWATER FL 33761  
 US

**718004**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3172809**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WENSTROM, CHERYL A**  
**390 LAKEVIEW TERRACE**  
**PALM HARBOR FL 34683**

Name

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

City

**FL**

Zip Code

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.

SIGNATURE

*Cheryl A. Wenstrom*

**2/12/01**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: PD  
 NAME: WENSTROM, STEPHEN  
 STREET ADDRESS: 390 LAKEVIEW TERRACE  
 CITY-ST-ZIP: PALM HARBOR FL 46839  Delete

TITLE:  Change  Addition  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

TITLE: VSTD  
 NAME: WENSTROM, CHERYL A  
 STREET ADDRESS: 390 LAKEVIEW TERRACE  
 CITY-ST-ZIP: PALM HARBOR FL 46839  Delete

TITLE:  Change  Addition  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

TITLE:  Delete

TITLE:  Change  Addition

TITLE:  Delete

TITLE:  Change  Addition

TITLE:  Delete

TITLE:  Change  Addition

TITLE:  Delete

TITLE:  Change  Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Steve Wenstrom*  
**STEVE WENSTROM**

**2/12/01**

Date

**727-791-1188**

Daytime Phone #

CR2E034 (10/00)