## 2002 UNIFORM BUSINESS REPORT (UBR)

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SIGNATURE:

## Mar 05, 2002 8:00 am Secretary of State P93000022462 DOCUMENT # 1. Entity Name 03-05-2002 90003 032 \*\*\*150.00 WENSTROM COMMUNICATIONS, INC. Principal Place of Business Mailing Address 2431 ESTANCIA BLVD 2431 ESTANCIA BLVD BLDG C RIDG C CLEARWATER FL 33761 CLEARWATER FL 33761 US 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3172809 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WENSTROM, CHERYL A **290-LAKEVIEW TERRACE** PALM-HARBOR FL 34683 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. CR2E034 (9/01) Change Delete TITLE TITLE WENSTROM, STEPHEN NAME NAME 2431 ESTANCIA BLVD, BLDG.C 390 LAKEVIEW TERRACE STREET ADDRESS STREET ADDRESS PALM HARBOR FL-48839 CITY-ST-7IP CITY-ST-ZIP ☐ Addition TITLE VSTD Delete TITLE NAME WENSTROM, CHERYL A NAME 2431 ESTANCIA BLYD, BLDG.C 390 LAKEVIEW TERRACE STREET ADDRESS STREET ADDRESS RALM-HARBOR FL-46839 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 leport 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 of trustee employeed to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

FILED