

## 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000030594

1. Entity Name

WENDY HOUSE, INC.

Principal Place of Business

470 RIVER DR  
#1  
DEBARY FL 32713  
US

Mailing Address

P O BOX 620743  
#1  
OVIEDO FL 32762  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Zip

Country

4. FEI Number

59-3295282

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

LYNCHARD, ROBERT R  
470 RIVER DR  
DEBARY FL 32713

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

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, 2002 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

TITLE PD  Delete  
NAME LYNCHARD, ROBERT R  
STREET ADDRESS 470 RIVER DRIVE  
CITY-ST-ZIP DEBARY FL 32713

TITLE STD  Delete  
NAME PECHIN, SUSAN L  
STREET ADDRESS 604 CASA PARK CT J  
CITY-ST-ZIP WINTER SPRINGS FL 32708

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
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 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: *Robert B. Lynchard* 4/2/02 407-381-8255

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0561695 AT

FILED  
Apr 11, 2002 8:00 am  
Secretary of State

04-11-2002 90078 019 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (9/01)