

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000080009

1. Entity Name
W.L. FENWICK & ASSOCIATES, INC.Principal Place of Business
380 S STATE ROAD 434
STE #1004-103
ALTAMONTE SPRINGS FL 32714
US

Mailing Address

PO BOX 161266
ALTAMONTE SPRINGS FL 32716-1266
US

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3279135

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

FENWICK, WAYNE L
431 OPAL COURT
ALTAMONTE SPRINGS FL 32714

7. Name and Address of New Registered Agent

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 State10. 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 P Delete
NAME FENWICK, WAYNE L
STREET ADDRESS 431 OPAL COURT
CITY-ST-ZIP ALTAMONTE SPRINGS FLTITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE V Delete
NAME FENWICK, JANICE
STREET ADDRESS 431 OPAL COURT
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE T Delete
NAME FENWICK, ANDREW W
STREET ADDRESS 431 OPAL COURT
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE S Delete
NAME FENWICK, SAMANTHA
STREET ADDRESS 431 OPAL COURT
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE 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: *Wayne L. Fenwick*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/02 4075185535

Date

Daytime Phone #

5052595

CR2E034 (9/01)