2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Apr 10, 2001 8:00 am Secretary of State DOCUMENT # **P94000087950** W P ENTERPRISES OF KEY WEST, INC. 04-10-2001 90147 031 ***150.00 Principal Place of Business Mailing Address 3716 PEARLMAN TERR 3716 PEARLMAN TERR KEY WEST FL 33040-4223 KEY WEST FL 33040-4223 2. Principa: Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #. etc DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0537963 Not Applicable 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 Name BROWN, WAYNE N Street Address (P.O. Box Number is Not Acceptable) 3716 PEARLMAN TERR KEY WEST FL 33040-4223 City Zip Code bmits this statement for the purpose of cha iging its registered office or registered agent, or both, in the State of Florida 8. The above named SIGNATURE agent and their applicable (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, 2001 Fee will be \$550.00 Trust Fund Contribution Added to Fees П (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. **NPT** CR2E034 (10/00) Delete TITLE TITLE Change Acdition BROWN, WAYNE N NAME NAME STREET ADDRESS 3716 PEARLMAN TERR STREET ADDRESS CITY-ST-ZIP CiTY-ST-7iP KEY WEST FL 33040-4223 ٧S ☐ Change TITLE ☐ Delete TiTLE Addition BROWN, PEGGY LEE P NAME NAME STREET ADDRESS STREET ADDRESS 3716 PEARLMAN TERR C!TY-ST-7iP GITY - ST- ZIP KEY WEST FL 33040-4223 Change TITLE ☐ De:ete TITLE Addition NAMS NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-Z!P ☐ Dalete TITLE TOTALE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST ZIE Delete TITLE TITLE Change Acdition 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 inclicated on this report or 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 inclicated on this report or supplied with this filing does not describe 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 occur this report as required by Chapter 607, Florida Statutes; and that my name appears in Biock 11 or Biock 12 if changed, or on an attackment with an address of the empowered.

WAYNE N. BROWN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIS