FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Feb 09, 2001 8:00 am Secretary of State DOCUMENT # P95000038657 1. Entity Name W N C, INC. 02-09-2001 90222 020 ***150.00 Principal Place of Business Mailing Address 8155 25TH ST 8155 25TH ST VERO BEACH FL 32966 UUU4VVV* VERO BEACH FL 32966 2. Principal Place of Business 3. Mailing Address BEACHLAND BLVD BEACHLAND BLUD DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0583174 Not Applicable \$8.75 Additional 5. Certificate of Status Desired USA Fee Required KIVER 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent WADDELL, BECKETT E Street Address (P.O. Box Number is Not Acceptable) 645 BEACHLAND BLVD 8155-25TH ST-VERO BEACH FL 32966 this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named entity subroit (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 (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS **PSTD** TITLE ☐ Delete TITLE Change WADDELL, BECKETT E NAME NAME WADDELL SHARON H. STREET ADDRESS 8155 25TH ST. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BEACH, FL 32966 **VERO BEACH FL** ☐ Delete ☐ Addition TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-St-7IP ■ Addition TITLE ☐ Delete TITLE Change NAME NAME STREET. ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition TITLE TITLE Change NAME NAME STREET ADDRESS 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 emporared to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

BECKETT E. WADDELL

all other like empowered

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT

SIGNATURE: