2003 FOR PROFIT CORPORATION

FILED Apr 14, 2003 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR** P95000057349 DOCUMENT # 1. Entity Name 04-14-2003 90039 036 ***150.00 WENDEL REALTY CONCEPTS, INC. Principal Place of Business Mailing Address 4850 OSPREY-DR. SOUTH 4850-OSPREY DR. SOUTH R0016360 <#200 #206 SI_PETERSBURG FL 33711 <ST. PETERSBURG₹L 33711 2. Principal Place of Business 3. Mailing Address 4780 DOLPHIN CAYLN SAME Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES UNIT 2086 City & State 4. FEI Number City & State Applied For ST PETCESBURG 59-3378003 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 WENDEL, JERRY Street Address (P.O. Box Number is Not Acceptable) 4850 OSPREY DRIVE **UNIT 206** ST. PETERSBURG FL 33711 City Zip Code 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE Change ☐ Addition TITLE ☐ Delete WENDEL, GERALD R NAME NAME STREET ADDRESS 4850 OSPREY DRIVE S. #206 STREET ADDRESS ST. PETERSBURG FL 33711 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Detete TITLE Change ☐ Addition 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 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Addition

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 10 or Block 11 if of the corporation or the received

NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

127.866.6465