

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 28, 2000 8:00 am**  
**Secretary of State**

04-28-2000 90050 032 \*\*\*150.00

**DOCUMENT # P95000064318**

1. Entity Name

**WESS ENTERPRISES OF BRANDON, INC.**

Principal Place of Business

Mailing Address

10077 E. ADAMO DRIVE  
 TAMPA FL 33619

10077 E ADAMO DR  
 TAMPA FL 33619-3539  
 US

00077877



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

9017 E. ADAMO DR

9017 E. ADAMO DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

# R

# R

City & State

City & State

TAMPA FL

TAMPA, FL

4. FEI Number

65-0601743

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

Zip 33619

Country H

Zip 33619

Country H

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

OLIVER, WILLIAM  
 4012 LITHIA RIDGE BLVD.  
 VALRICO FL 33594

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
P	OLIVER, WILLIAM		
	4012 LITHIA RIDGE BLVD		
	VALRICO FL		
S	OLIVER, ELIZABETH ANNE		
	4012 LITHIA RIDGE BLVD		
	VALRICO FL		

CRZE034 (9/99)

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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

William H. Oliver 4/19/00 813 63016