

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 16, 2003 8:00 am
Secretary of State

05-16-2003 90180 010 ***158.75

0465147 AV

DOCUMENT # P95000064318

1. Entity Name
WESS ENTERPRISES OF BRANDON, INC.



Principal Place of Business
9017 E ADAMO DRIVE
#R
TAMPA FL 33619
US

Mailing Address
9017 E ADAMO DRIVE
#R
TAMPA FL 33619
US



2. Principal Place of Business
105 S. US HWY 301

3. Mailing Address
105 S. US HWY 301

Suite, Apt. #, etc.
I

Suite, Apt. #, etc.
I

CHECK HERE IF MAKING CHANGES

City & State
TAMPA, FL

City & State
TAMPA, FL

4. FEI Number **65-0601743**

Applied For
Not Applicable

Zip
33619

Country
USA

Zip
33619

Country
USA

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

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 **OLIVER, WILLIAM**
Street Address (P.O. Box Number is Not Acceptable)
105 S. US HWY 301 Unit I

City **TAMPA** FL Zip Code **33619**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and date if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P OLIVER, WILLIAM 4012 LITHIA RIDGE BLVD VALRICO FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S OLIVER, ELIZABETH ANNE 4012 LITHIA RIDGE BLVD VALRICO FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 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 **4/20/03** Daytime Phone # **813 630 1655**

CR2E034 (10/02)