

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 11, 2003 8:00 am**  
**Secretary of State**

04-11-2003 90138 014 \*\*\*150.00

**DOCUMENT # P96000003772**

**1. Entity Name**  
**WNB ENTERPRISES, INC.**



**Principal Place of Business** **Mailing Address**  
~~6302 N. MELVILLE AVE~~ **8619 Stoner Rd.** ~~6302 N. MELVILLE AVE~~ **8619 Stoner Rd.**  
**TAMPA FL 33604** **Riverview, FL** **TAMPA FL 33604** **Riverview, FL**  
**US** **33569** **US** **33569**



**2. Principal Place of Business** **3. Mailing Address**  
**8619 Stoner Rd.** **8619 Stoner Rd.**  
**Suite, Apt. #, etc.** **Suite, Apt. #, etc.**

☐ CHECK HERE IF MAKING CHANGES

**City & State** **City & State** **4. FEI Number** **59-3356932** **Applied For**  
**Riverview FL** **Riverview FL** **Not Applicable**  
**Zip** **Country** **Zip** **Country** **5. Certificate of Status Desired** ☐ **\$8.75 Additional**  
**33569** **US** **33569** **US** **Fee Required**

**6. Name and Address of Current Registered Agent** **7. Name and Address of New Registered Agent**  
**WATKINS, CARL T CPA** **Name**  
**5103 MEMORIAL HWY** **Street Address (P.O. Box Number is Not Acceptable)**  
**TAMPA FL 33634** **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. 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**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
<b>TITLE</b>	<b>D</b> <input type="checkbox"/> Delete		<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>NAME</b>	<b>BISHOP, WINFRED L</b>		<b>NAME</b>		
<b>STREET ADDRESS</b>	<del>6302 MELVILLE AVE</del> <b>8619 Stoner Rd.</b>		<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>	<del>TAMPA FL 33604</del> <b>Riverview FL 33569</b>		<b>CITY-ST-ZIP</b>		
<b>TITLE</b>	<b>D</b> <input type="checkbox"/> Delete		<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>NAME</b>	<b>BISHOP, NICOLE M</b>		<b>NAME</b>		
<b>STREET ADDRESS</b>	<del>6302 N. MELVILLE AVE</del> <b>8619 Stoner Rd.</b>		<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>	<del>TAMPA FL 33604</del> <b>Riverview FL 33569</b>		<b>CITY-ST-ZIP</b>		
<b>TITLE</b>	<input type="checkbox"/> Delete		<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>NAME</b>			<b>NAME</b>		
<b>STREET ADDRESS</b>			<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>			<b>CITY-ST-ZIP</b>		
<b>TITLE</b>	<input type="checkbox"/> Delete		<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>NAME</b>			<b>NAME</b>		
<b>STREET ADDRESS</b>			<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>			<b>CITY-ST-ZIP</b>		
<b>TITLE</b>	<input type="checkbox"/> Delete		<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>NAME</b>			<b>NAME</b>		
<b>STREET ADDRESS</b>			<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>			<b>CITY-ST-ZIP</b>		
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<b>NAME</b>			<b>NAME</b>		
<b>STREET ADDRESS</b>			<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>			<b>CITY-ST-ZIP</b>		

**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 REQUIRED** **4-8-03** **813-884-7245**  
**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** **Date** **Daytime Phone #**

CR2E034 (10/02)