

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2002 8:00 am
Secretary of State

05-05-2002 90031 016 ***150.00

DOCUMENT # P96000015439

1. Entity Name
WU HSIN ENTERPRISES, INC.

Principal Place of Business
**504 JOHNS PASS AVENUE
 MADEIRA BEACH FL 33708**

Mailing Address
**504 JOHNS PASS AVENUE
 MADEIRA BEACH FL 33708**

2. Principal Place of Business
4700 95th St. N.

3. Mailing Address
4700 95th St. N.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
St. Petersburg FL

City & State
St. Petersburg FL

Zip
33708

Country
USA

4. FEI Number
59-3394260

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
**DILLAHUNTY, LARRY
 248 1ST AVE N.
 ST PETERSBURG FL 33701**

7. Name and Address of New Registered Agent
**Leonard S. Englander
 Street Address (P.O. Box Number is Not Acceptable)
 721 1st Ave. N.
 City: **St. Petersburg** **FL** Zip Code **33701****

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: DATE: **4/22/02**

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so ☐

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 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	
TITLE D	<input type="checkbox"/> Delete RITCHIE, STEVEN D 368 BAY PLAZA TREASURE ISLAND FL 33706	TITLE VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE P	<input type="checkbox"/> Delete REYNARD, H D JR 504 JOHNS PASS AVE MADEIRA BCH FL 33708	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE Secretary/Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME Heather Reynard	
STREET ADDRESS		STREET ADDRESS 10384 51st Ave N.	
CITY-ST-ZIP		CITY-ST-ZIP St. Petersburg FL 33708	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 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: DATE: **4/16/02** DAYTIME PHONE #: **727-512-6600**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)