## 2001 UNIFORM BUSINESS REPORT (UBR)

## **FILED** Mar 13, 2001 8:00 am Secretary of State DOCUMENT # P96000056801 ĴNW & ASSOCIATES, INC. 03-13-2001 90109 006 \*\*\*150.00 Principal Place of Business Mailing Address 11263 RIVER BLUFFS CIRCLE P.O. BOX 3319 **BRADENTON FL 34202** SARASOTA FL 34230 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0681775 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name WETMORE, JOSEPH N JR. Street Address (P.O. Box Number is Not Acceptable) 11263 RIVER BLUFFS CIRCLE **BRADENTON FL 34202** Zip Code City 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) П Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Delete TITLE Change TITLE WETMORE, JOSEPH N JR. NAME NAME STREET ADDRESS STREET ADDRESS 11263 RIVER BLUFFS CIRCLE CITY-ST-ZIP CITY-ST-7IP **BRADENTON FL 34202** ☐ Addition ☐ Change vstd ☐ Delete TITLE TITLE WETMORE, PATRICIA A NAME NAME STREET ADDRESS STREET ADDRESS 11263 RIVER BLUFFS CIRCLE CITY-ST-7IP CITY-ST-ZIP **BRADENTON FL 34202** TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE Change 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 ☐ Change ☐ Addition ☐ Delete TITLE TITLE 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR