

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 27, 2002 8:00 am**  
**Secretary of State**

01-27-2002 90050 034 \*\*\*150.00

**DOCUMENT # P96000096284**

1. Entity Name  
**THE WESSELL GROUP, INC.**

Principal Place of Business  
**734 PLANTERS MANOR WAY  
BRADENTON FL 34202**

Mailing Address  
**734 PLANTERS MANOR WAY  
BRADENTON FL 34202**

2. Principal Place of Business  
**734 PLANTERS MANOR WAY**  
Suite, Apt. #, etc.

3. Mailing Address  
**734 PLANTERS MANOR WAY**  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State  
**BRADENTON FL**  
Zip  
**34212** Country

City & State  
**BRADENTON FL**  
Zip  
**34212** Country

4. FEI Number **65-0717657**

Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

**WESSELL, DAVID B  
734 PLANTERS MANOR WAY  
BRADENTON FL 34202**

## 7. Name and Address of New Registered Agent

Name  
**DAVID B. WESSELL**  
Street Address (P.O. Box Number is Not Acceptable)  
**734 PLANTERS MANOR WAY**  
City  
**BRADENTON FL** Zip Code  
**34212**

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 **David B. Wessell, PRESIDENT** DATE **1/4/02**  
(NOTE: Registered Agent signature required when reinstating)

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, 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D WESSELL, DAVID B 734 PLANTERS MANOR WAY BRADENTON FL 34202</b>	<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"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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: **DAVID B. WESSELL PRES.** DATE **1/4/02** DAYTIME PHONE # **941-906-5993**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)