

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

05-16-2003 90174 012 ***550.00

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DOCUMENT # P97000077697

1. Entity Name

WESCO ENTERPRISES, INC.



Principal Place of Business

PO BOX 90
633 SOUTH 2ND ST
DEFUNIAK SPRINGS FL 32435

Mailing Address

PO BOX 90
633 SOUTH 2ND ST
DEFUNIAK SPRINGS FL 32435

2. Principal Place of Business

663 South 2nd St

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 90

Suite, Apt. #, etc.

City & State

DeFuniak Springs, FL

Zip
32435

Country

City & State

DeFuniak Springs, FL

Zip
32435

Country

4. FEI Number

59-3557570

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

GREEN, WILLIAM H

664 BALDWIN AVE

DEFUNIAK SPRINGS FL 32433

7. Name and Address of New Registered Agent

Name

Gary L. Lamalie, CPA

Street Address (P.O. Box Number is Not Acceptable)

430 Bryn Athyn Blvd, Suite 4

City

Mary Esther,

FL

Zip Code

32569

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

Gary L. Lamalie, CPA

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

(NOTE: Registered Agent signature required when reinstating)

5/12/03

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

TITLE PSDT
NAME COMANDER, SARA
STREET ADDRESS PO BOX 90 633 S 2ND ST
CITY-ST-ZIP DEFUNIAK SPRINGS FL 32433 ☐ Delete

TITLE VD
NAME KELLEY, RON
STREET ADDRESS 187 CLAY ST
CITY-ST-ZIP DEFUNIAK SPRINGS FL 32433 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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:

Sara J. Comander

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/12/03

Date

850-951-1280

Daytime Phone #

CR2E034 (10/02)