FILED
Mar 24, 2003 8:00 am
Secretary of State

03-24-2003 91014 027 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

10046593

DOCUMENT # P98000000482

1. Entity Name
WE R NUTS, INC.

Principal Place of Business	Mailing Address
506 VIRGINIA ST. FORT WALTON BEACH, FL 32548	506 VIRGINIA ST. FORT WALTON BEACH, FL 32548

2. Principal Place of Business	3. Mailing Address
614 Maine Ave.	614 Maine Ave.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Ft. Walton Beach, FL	City & State: Ft. Walton Beach, FL
Zip: 32547 Country: USA	Zip: 32547 Country: USA

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number: 59-3491996 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DOTY, CHRISTINE 614 MAINE AVENUE FORT WALTON BEACH, FL 32547	Name Street Address (P.O. Box Number is Not Acceptable) 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 Christine A Doty Christine A. Doty - President 3-19-03
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 After May 1, 2003 Fee will be $550.00 Make Checks Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DOTY, CHRISTINE A 614 MAINE AVENUE FORT WALTON BEACH, FL 32547	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DOTY, NEIL R 614 MAINE AVENUE FORT WALTON BEACH, FL 32547	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/02)

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: Christine A Doty Christine A. Doty 3-19-03 850-243-6682
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #