

**2000 UNIFORM BUSINESS REPORT (UBR)****FILED****Mar 14, 2000 8:00 am**  
**Secretary of State**

03-14-2000 90029 024 \*\*\*150.00

**DOCUMENT # P98000035489**

1. Entity Name

**WIP ENTERPRISES, INC.**

Principal Place of Business

**11766 CHESTNUT OAK DR  
JACKSONVILLE FL 32218**

Mailing Address

**11766 CHESTNUT OAK DR  
JACKSONVILLE FL 32218-7658**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3506261**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**WADE, OMAR  
11766 CHEST NUT OAK DR E  
JACKSONVILLE FL 32218**

7. Name and Address of New Registered Agent

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2000 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	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>WADE, OMAR</b>	
STREET ADDRESS	<b>11766 CHEST NUT OAK DR</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32218</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>PRATER, MARVIN</b>	
STREET ADDRESS	<b>1802 HUNTERS CLUB LANE</b>	
CITY-ST-ZIP	<b>NORCROSS GA 30093</b>	
TITLE	<b>DS</b>	<input type="checkbox"/> Delete
NAME	<b>IRBY, EDWARD D</b>	
STREET ADDRESS	<b>1802 HUNTERS CLUB LANE</b>	
CITY-ST-ZIP	<b>NORCROSS GA 30093</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>WADE, ALEX</b>	
STREET ADDRESS	<b>390 GRAND AVE., APT. 1</b>	
CITY-ST-ZIP	<b>OAKLAND CA 94610</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>REID, MICHAEL</b>	
STREET ADDRESS	<b>20049 NORTHWEST 65TH ST</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>ALLEYNE, KENNETH W</b>	
STREET ADDRESS	<b>1032 TORTOISE WAY</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Reid, Michael</b>	
STREET ADDRESS	<b>66 St. Nicholas Pl. Suite 851</b>	
CITY-ST-ZIP	<b>New York, NY 10032</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Koduru V. Rao</b>	
STREET ADDRESS	<b>20049 Northwest 65th Court</b>	
CITY-ST-ZIP	<b>Miami, FL 33015</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:****OMAR E. Wade**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)